

Case Number:	CM13-0041903		
Date Assigned:	12/20/2013	Date of Injury:	07/13/2012
Decision Date:	05/06/2014	UR Denial Date:	10/08/2013
Priority:	Standard	Application Received:	10/15/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Orthopedic Surgery, and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The claimant is a 54-year-old female who was injured in a work related accident on July 13, 2012. Specific to the claimant's right elbow, there is noted to be a September 19, 2013 progress report indicating bilateral hand numbness. It states the claimant is status post a prior right carpal tunnel release procedure, still complaining of nocturnal paresthesias with bilateral hand and elbow pain. It is noted to be worse with repetitive activities. Previous review of electrodiagnostic studies from July 25, 2012 demonstrated evidence of bilateral cubital tunnel syndrome. Physical examination findings at last assessment were that of positive Tinel's sign at the elbows with positive Phalen's test and diminished grip strength bilaterally. Based on failed conservative care and continued symptomatic findings a right elbow anterior transposition of the ulnar nerve was recommended with preoperative medical clearance, postoperative use of a sling and twelve sessions of postoperative physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

RIGHT ELBOW ANTERIOR TRANSPOSITION OF THE ULNAR NERVE: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 37.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG)--

OFFICIAL DISABILITY GUIDELINES TREATMENT IN WORKER'S COMP, 18TH EDITION, 2013 UPDATES: ELBOW PROCEDURE - SURGERY FOR CUBITAL TUNNEL SYNDROME (ULNAR NERVE ENTRAPMENT)

Decision rationale: Based on California ACOEM Guidelines and supported by Official Disability Guideline criteria, the specific request for a transposition of the ulnar nerve would not be indicated. Guideline criteria indicates that transposition of the ulnar nerve is only indicated if there is evidence of subluxation of the nerve on examination which is not evidence or apparent in this case. The specific request for the surgery at hand would thus not be supported.

MEDICAL CLEARANCE BY [REDACTED]: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

SLING: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

POST-OP PHYSICAL THERAPY TIMES 12: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.