

Case Number:	CM13-0045676		
Date Assigned:	12/27/2013	Date of Injury:	07/31/2012
Decision Date:	03/07/2014	UR Denial Date:	10/22/2013
Priority:	Standard	Application Received:	11/12/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Occupational Medicine 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 physician 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 applicant is a represented [REDACTED] employee who has filed a claim for upper extremity cumulative trauma reportedly associated with an industrial injury of July 31, 2012. Thus far, the applicant has been treated with the following analgesic medications, attorney representations, electrodiagnostic testing of March 4, 2013, notable for bilateral median neuropathy and a bilateral ulnar neuropathy, moderate on the right and severe on the left, consultation with an elbow surgeon, who endorsed a surgical remedy and extensive periods of time off of work, on total temporary disability. In a utilization review report of October 22, 2013, the claims administrator denied a request for cubital tunnel release surgery, citing the fact that the elbow had not been accepted as an injured body part by the claims administrator. It is noted that the claims administrator's utilization review report states that the applicant's ulnar neuropathy has clearly proven refractory to conservative treatment. The applicant's attorney subsequently appealed. A progress note of October 3, 2013, is notable for comments that the applicant is alleging cubital tunnel syndrome and carpal tunnel syndrome secondary to cumulative trauma at work. She is having numbness, tingling, and paresthesias about the ring and small fingers, it is stated. She has tried splinting and hand therapy without avail. A surgical remedy is endorsed. The applicant is not working.

IMR ISSUES, DECISIONS AND RATIONALES

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

Endoscopic cubital tunnel release surgery: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 603-606. Decision based on Non-MTUS Citation Official Disability Guidelines Elbow

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007).

Decision rationale: As noted in the California MTUS-adopted ACOEM Guidelines in chapter 10 on elbow disorders, ulnar nerve entrapment release surgery/cubital tunnel release surgery is "recommended." In this case, the applicant does have clinically evident, electrodiagnostic confirmed ulnar nerve entrapments/cubital tunnel syndrome which have proven recalcitrant to conservative treatments, including time, medications, therapy, bracing, etc. A surgical remedy is therefore indicated. Accordingly, the original utilization review decision is overturned. The request is certified, on independent medical review.