

Case Number:	CM13-0048101		
Date Assigned:	12/27/2013	Date of Injury:	03/04/2010
Decision Date:	05/19/2014	UR Denial Date:	10/25/2013
Priority:	Standard	Application Received:	11/04/2013

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 Pennsylvania. 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 patient is a 59-year-old gentleman who was injured in a work related accident on March 4, 2010. Specific to the right upper extremity, documentation includes a recent December 16, 2013 progress report indicating subjective complaints of right elbow pain with positive cubital tunnel findings. Examination demonstrated Tinel's testing to be positive with tenderness over the medial aspect of the elbow with full range of motion. Working assessment was that of cubital tunnel syndrome. There is no formal documentation of electrodiagnostic studies available for review. The treating physician indicates that the studies showed cubital tunnel syndrome as well as a polyneuropathy. There were also symptoms consistent with a right C6 radiculopathy. The claimant's physical examinations are otherwise unclear. There is no current documentation of recent treatment other than medication management to the patient's elbow. Specific request is for a carpal tunnel release procedure to the right elbow for further treatment.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 RIGHT CUBITAL TUNNEL RELEASE BETWEEN 10/24/13 AND 12/8/13: Upheld

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

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

Decision rationale: Based on California ACOEM Guidelines, cubital tunnel release in this instance would not be indicated. CA MTUS states, "Surgery for ulnar nerve entrapment requires establishing a firm diagnosis on the basis of clear clinical evidence and positive electrical studies that correlate with clinical findings. A decision to operate requires significant loss of function, as reflected in significant activity limitations due to the nerve entrapment and that the patient has failed conservative care, including full compliance in therapy, use of elbow pads, removing opportunities to rest the elbow on the ulnar groove, workstation changes (if applicable), and avoiding nerve irritation at night by preventing prolonged elbow flexion while sleeping. Before proceeding with surgery, patients must be apprised of all possible complications, including wound infections, anesthetic complications, nerve damage, and the high possibility that surgery will not relieve symptoms. Absent findings of severe neuropathy such as muscle wasting, at least 3-6 months of conservative care should precede a decision to operate."The clinical records for review give a diffuse clinical picture consistent with a C6 radiculopathy, cubital tunnel syndrome as well as polyneuropathy. There is no indication of formal electrodiagnostic studies available for review to confirm or refute the diagnosis of cubital tunnel syndrome. When taking into account a lack of documentation of recent conservative measures in this individual with multiple presenting symptoms, the acute need of a surgical process would not be indicated. Therefore the request is not medically necessary.

1 SLING BETWEEN 10/24/13 AND 12/8/13: Upheld

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

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

Decision rationale: CA MTUS Guidelines are silent. When looking at Official Disability Guideline criteria, a sling also would not be supported postoperatively as the need for operative intervention has not been established.