

Case Number:	CM13-0049884		
Date Assigned:	12/27/2013	Date of Injury:	06/03/2003
Decision Date:	03/14/2014	UR Denial Date:	11/04/2013
Priority:	Standard	Application Received:	11/08/2013

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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Florida. 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 patient is a 56-year-old male who reported injury on 06/03/2003. The mechanism of injury was not provided. Patient was noted to have an MRI that showed medial epicondylitis with a tear at the medial epicondyle collateral ligament. The patient was noted to have a positive Tinel's over the medial epicondyle and positive tenderness over the medial epicondyle. Grip strength on the right was noted to be 30 pounds and on the left 40 pounds. The patient was noted to have severe right medial epicondylitis and cubital tunnel syndrome with temporary response to steroid injections. The diagnosis was noted to include right forearm strain. The request was made for a right cubital tunnel release and a medial epicondylectomy as it was indicated all conservative measures had failed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right Cubital tunnel release qty 1: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 25-26. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

Decision rationale: ACOEM Guidelines indicate that aside from surgical studies, there were no quality studies to rely on for the treatment of ulnar neuropathies, and there is a lack of evidence of the benefits of elbow padding and the utilization of NSAIDs. Proper testing to localize the abnormality involves a nerve conduction study that includes at least stimulation above and below the elbow. As there was a lack of criteria listed for cubital tunnel syndrome surgery, additional guidelines were sought. Official Disability Guidelines stated that criteria for Cubital tunnel syndrome surgery include initially conservative treatment with all of the following: exercise, activity modification and medications, as well as pads/splint. Clinical documentation submitted for review failed to indicate the patient had splinting, anti-inflammatory medications, a trial of exercise, and activity modification. Additionally, per the objective physical examination, the patient failed to have signs and symptoms of cubital tunnel syndrome. There was a lack of documentation of a nerve conduction study to support the diagnosis of cubital tunnel syndrome. The patient was noted to have multiple steroid injections. There was a lack of documentation of initial conservative treatment as recommended above. Given the above, the request for a right cubital tunnel release is not medically necessary.