

Case Number:	CM13-0050949		
Date Assigned:	12/27/2013	Date of Injury:	02/18/2010
Decision Date:	05/19/2014	UR Denial Date:	10/18/2013
Priority:	Standard	Application Received:	11/13/2013

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 patient is a 47-year-old female who was injured on 02/18/10. The clinical records provided for review included an October 7, 2013 follow up report documenting that the electrodiagnostic studies performed on September 24, 2013 identified only evidence of mild carpal tunnel syndrome of the right upper extremity. The report documented that the claimant was status post right lateral epicondylar release of the right elbow with good result but continued to complain of persistent numbness and tingling of the ring and small digit consistent with a diagnosis of cubital tunnel syndrome. Physical examination showed no subluxation of the ulnar nerve with elbow flexion, diminished sensation to light touch in an ulnar nerve distribution, and a positive Tinel's sign at the cubital tunnel. Based on failed conservative measures including rest, anti-inflammatory agents, physical therapy and activity modification a right cubital tunnel release with possible ulnar nerve transposition was recommended.

IMR ISSUES, DECISIONS AND RATIONALES

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

RIGHT ELBOW TENOTOMY DEBRIDEMENT REPAIR OF CUBITAL TUNNEL RELEASE POSSIBLE ANTERIOR SUBCUTANEOUS TRANSPOSITION OF ULNAR NERVE UNDER GENERAL ANESTHESIA: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 34.

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

Decision rationale: Based on California ACOEM Guidelines and supported by Official Disability Guidelines criteria, a cubital tunnel release with an ulnar nerve transposition would not be indicated. The claimant's diagnosis of cubital tunnel syndrome has not been established based upon the report of the negative electrodiagnostic studies. The absence of clinical correlation between exam findings and electrodiagnostic testing would fail to necessitate the need of the surgical process. A transposition of the ulnar would not be indicated as there is currently no indication of subluxation of the ulnar nerve on examination.

MEDICAL CLEARANCE: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: AMERICAN COLLEGE OF OCCUPATIONAL AND ENVIRONMENTAL MEDICINE 2ND EDITION (2004), CHAPTER 7, INDEPENDENT MEDICAL EXAMINATIONS AND CONSULTATIONS;, 127

Decision rationale: The proposed cubital tunnel release and transposition of the ulnar nerve cannot be recommended as medically necessary. Therefore, the request for medical clearance is not necessary.

POST OPERATIVE OCCUPATIONAL THERAPY X 12: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

Decision rationale: The proposed cubital tunnel release and transposition of the ulnar nerve cannot be recommended as medically necessary. Therefore, the request for twelve sessions of physical therapy is not necessary.