MAXIMUS Federal Services

Case Number:	CM13-0052246		
Date Assigned:	12/27/2013	Date of Injury:	04/22/2011
Decision Date:	04/04/2014	UR Denial Date:	10/07/2013
Priority:	Standard	Application Received:	11/15/2013

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 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 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:

This 40 year old claimant has a date of injury of April 22, 2011. The records provided document the claimant has been treated for right cubital tunnel syndrome. The EMG/nerve conduction studies performed were negative for cubital tunnel syndrome. The notes provided document the claimant is status post carpal tunnel release surgery. There is concern over the diagnosis of cubital tunnel syndrome however no convincing physical examination findings of cubital tunnel syndrome are documented in the office notes provided. There is little in the way of any type of conservative care documented for cubital tunnel syndrome. Medial epicondylectomy to address right cubital tunnel syndrome was requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

medial epicondylectomy right elbow: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 239-240.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2007) Elbow Disorders: Surgical release.

Decision rationale: Right medial epicondylectomy to address cubital tunnel syndrome is not certified in this case based on the CA MTUS Elbow Guidelines. The CA MTUS Elbow Guidelines support surgery for ulnar nerve entrapment if there is a firm diagnosis on the basis of clear clinical evidence and positive electrical studies that correlate with clinical findings. There should be documentation that the claimant has failed conservative care including therapy, the use of elbow pads, opportunities to rest the elbow on the ulnar groove, work station changes and avoiding nerve irritation at night preventing prolonged elbow flexion while sleeping. At least three to six months of conservative care should be rendered prior to the decision to operate. As there is no convincing evidence that cubital tunnel syndrome is present based on the physical examination or documentation of any type of conservative care, medial epicondylectomy cannot be certified in this case.