

Case Number:	CM13-0052618		
Date Assigned:	12/30/2013	Date of Injury:	05/08/2009
Decision Date:	05/19/2014	UR Denial Date:	10/15/2013
Priority:	Standard	Application Received:	10/29/2013

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 claimant is a 43-year-old female who was injured in a work related accident on 08/24/09. The medical records provided for review indicate that the claimant has continued complaints of both low back pain and right upper extremity complaints. Recent clinical assessment on 09/18/13 documented a positive Tinel's sign at the right elbow consistent with the diagnosis of cubital tunnel syndrome. There was also documentation of a positive elbow flexion test. Documentation of conservative care for the diagnosis of cubital tunnel syndrome and medial epicondylitis has included topical compounded creams, work restrictions and medication management. The claimant had electrodiagnostic studies of the upper extremities in December of 2009 that were noted to be normal bilaterally. At present, due to continued complaints of elbow pain, the recommendation was made for a cubital tunnel release. There is no further documentation of treatment specific to the claimant's diagnosis of cubital tunnel syndrome noted.

IMR ISSUES, DECISIONS AND RATIONALES

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

RIGHT CUBITAL TUNNEL RELEASE: Upheld

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

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

Decision rationale: Based on Elbow Disorders ACOEM Practice Guidelines, cubital tunnel release cannot be supported as medically necessary. The on Elbow Disorders ACOEM Practice Guidelines for cubital tunnel syndrome indicates that the diagnosis needs to be established based on clear evidence of physical examination findings and positive electrodiagnostic studies to correlate with the clinical findings. It also recommends three to six months of conservative care prior to a decision to operate. The medical records provided for review do not include formal electrodiagnostic studies to correlate the diagnosis. The records also document limited recent treatment only consisting of topical medications and work restrictions noted. The proposed surgery for cubital tunnel release does not meet the ACOEM Elbow 2007 Guidelines; therefore the requested treatment is not medically necessary and appropriate.