

Case Number:	CM13-0059979		
Date Assigned:	06/09/2014	Date of Injury:	07/15/2013
Decision Date:	08/01/2014	UR Denial Date:	11/19/2013
Priority:	Standard	Application Received:	12/02/2013

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 claimant is a 47-year-old gentleman who was injured on 07/15/13 and has current complaints of burning dysesthesias and pain in the bilateral hands and digits. The clinical records for review include a 10/15/13 follow up documenting a diagnosis of right carpal and cubital tunnel syndrome with complaints of numbness of the ring and little digit bilaterally, left greater than right. Physical examination showed a positive Tinel's sign at the cubital tunnel. Based on failed conservative care including corticosteroid injections, an ulnar nerve decompression at the left elbow with anterior nerve transposition was recommended. The electrodiagnostic studies dated 07/11/13 showed mild right carpal tunnel syndrome and mild bilateral ulnar nerve neuropathy. There was no other indication of positive examination findings.

IMR ISSUES, DECISIONS AND RATIONALES

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

LEFT ULNAR DECOMPRESSION AT LEFT ELBOW WITH ANTERIOR POSTERIOR TENDON LENGTHENING (OUTPATIENT PROCEDURE): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 37. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Treatment in Worker's Comp, 18th Edition, 2013 Updates: elbow procedure - Surgery for cubital tunnel syndrome (ulnar nerve entrapment).

Decision rationale: Based on California ACOEM Elbow Guidelines and supported by Official Disability Guidelines, the proposed left ulnar decompression at the elbow with anterior posterior tendon lengthening cannot be supported as medically necessary. This individual does not meet the ACOEM Guidelines due to the lack of documentation of six months of conservative measures. While the claimant has positive examinations findings and electrodiagnostic studies, it should also be noted that there is no documentation to confirm subluxation of the ulnar nerve to support a transposition procedure. Therefore the request for left ulnar decompression at left elbow with anterior posterior tendon lengthening (outpatient procedure) is not medically necessary and appropriate.