

Case Number:	CM13-0060855		
Date Assigned:	12/30/2013	Date of Injury:	03/11/2010
Decision Date:	04/18/2014	UR Denial Date:	12/02/2013
Priority:	Standard	Application Received:	12/04/2013

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 57 year old patient has a date of injury of March 11, 2011. The claimant has been treated for right elbow pain. There has been concern over the diagnosis of cubital tunnel syndrome. The records provided document that a nerve conduction study was performed which did not demonstrate cubital tunnel syndrome. The PR2 dated November 8, 2013 authored by the physician documents findings of a subluxing ulnar nerve at the right elbow and findings of ulnar neuropathy arising from the elbow with a positive elbow flexion test and diminished sensation and weakness on the ulnar nerve distribution in the hand. There is no documentation in the records provided that cubital tunnel syndrome has been treated in any way conservatively. Right elbow ulnar nerve transposition was requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ulnar transposition right elbow: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 40-43.

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

Decision rationale: Right ulnar nerve transposition would not be considered medically necessary in this case based on the records provided and the CA MTUS ACOEM 2007 Elbow Guidelines. The CA MTUS ACOEM 2007 Elbow Guidelines support surgery for cubital tunnel syndrome if claimants fail three to six months of conservative care and electrodiagnostic demonstrate cubital tunnel syndrome. In this case there is no documentation of conservative care and electrodiagnostic have not demonstrated cubital tunnel syndrome. The claimant has a subluxing ulnar nerve and it may be reasonable to proceed with surgery for this alone if the claimant fails appropriate conservative treatment. However conservative treatment has not been documented in this case. Therefore right elbow ulnar nerve transposition cannot be certified.