

Case Number:	CM13-0068059		
Date Assigned:	01/03/2014	Date of Injury:	07/08/2003
Decision Date:	05/02/2014	UR Denial Date:	12/04/2013
Priority:	Standard	Application Received:	12/18/2013

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 60-year-old female who was injured in a work related accident on 07/08/03. The clinical records provided for review included a 12/18/13 progress report noting that the claimant was status post a right carpal tunnel release procedure with subsequent revision as well a left carpal tunnel procedure dating back to the 1990s. The claimant's current diagnosis was listed as left cubital tunnel syndrome. She was also documented to be status post a prior right cubital tunnel release with ulnar nerve transposition. The progress report documented that the 08/19/13 electrodiagnostic studies were abnormal showing entrapment across the left elbow strongly suggestive of cubital tunnel syndrome. Physical examination was documented as tenderness to palpation with restricted strength and sensory deficit in the ulnar nerve distribution to the digits. Working assessment was cubital tunnel syndrome. Recommendation was for left ulnar nerve transposition.

IMR ISSUES, DECISIONS AND RATIONALES

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

LEFT ULNAR NERVE TRANSPORTATION: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG)-Official Disability Guidelines Treatment in Worker's Comp, 18th Edition, 2013 Updates: elbow procedure - Surgery for cubital tunnel syndrome (ulnar nerve entrapment).

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)-- Official Disability Guidelines Treatment in Worker's Comp, 18th Edition, 2013 Updates: elbow procedure - Surgery for cubital tunnel syndrome (ulnar nerve entrapment)- ODG Indications for Surgery.

Decision rationale: Based on the CA MTUS ACOEM Elbow Guidelines and the Official Disability Guidelines, the request for ulnar nerve transposition cannot be recommended as medically necessary. Official Disability Guidelines only recommend the role of an ulnar nerve transposition as opposed to a simple decompression at the cubital tunnel if evidence of a subluxation of the ulnar nerve was evident on examination. While the claimant's electrodiagnostic studies indicate cubital tunnel syndrome diagnosis, there is no indication of subluxation of the nerve on examination that would support the need for a transposition procedure. The specific clinical request in this case would not be supported.