

Case Number:	CM14-0009742		
Date Assigned:	02/21/2014	Date of Injury:	08/18/2011
Decision Date:	06/24/2014	UR Denial Date:	01/09/2014
Priority:	Standard	Application Received:	01/23/2014

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 Hand Surgery, and is licensed to practice in Texas. 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 injured worker is a 68-year-old male who reported an injury on 08/18/2013. The mechanism of injury was not stated. Current diagnoses include left carpal tunnel syndrome, left cubital tunnel syndrome, and left scaphotrapezial degenerative joint disease. The injured worker was evaluated on 12/05/2013. The injured worker reported persistent left hand numbness with right wrist pain. Physical examination revealed a negative Tinel's sign, positive compression hyperflexion testing in the left cubital tunnel, and positive Phalen's testing in the left wrist. Treatment recommendations at that time included authorization for a left cubital tunnel release with possible medial epicondylectomy and anterior subcutaneous transposition. The injured worker underwent electrodiagnostic studies on 08/14/2013, which indicated a significant pronounced tardy ulnar palsy with minimal carpal tunnel syndrome.

IMR ISSUES, DECISIONS AND RATIONALES

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

LEFT CUBITAL TUNNEL RELEASE POSSIBLE MEDIAL EPICONDYLECTOMY VS ANTERIOR SUBCUTANEOUS TRANSPOSITION: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: AMERICAN COLLEGE OF OCCUPATIONAL AND ENVIRONMENTAL MEDICINE PRACTICE GUIDELINES, 2ND EDITION, 2004, ELBOW CHAPTER (REVISED 2007),

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 44-49.

Decision rationale: California MTUS/ACOEM Practice Guidelines state a referral for hand surgery consultation may be indicated for patients who have significant limitations of activity for more than 3 months, fail to improve with exercise programs, and clear clinical and physiological evidence of a lesion. As per the documentation submitted, the injured worker reported left hand numbness with right wrist pain. There is no documentation of a significant functional limitation with regard to the elbow. Physical examination only revealed positive hyperflexion testing at the left cubital tunnel. There is no documentation of an exhaustion of conservative treatment prior to the request for a surgical intervention. Based on the clinical information received, the request is non-certified.