

Case Number:	CM14-0108404		
Date Assigned:	08/01/2014	Date of Injury:	09/16/2013
Decision Date:	09/17/2014	UR Denial Date:	06/11/2014
Priority:	Standard	Application Received:	07/11/2014

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 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:

This is a 41 year old female claimant with reported industrial injury on 9/16/13. The exam note from 5/16/14 demonstrates numbness and tingling in the ring, and small fingers which is constant and worse with activity. The report demonstrates report of excellent relief with cortisone injection. Per the exam note, the left elbow demonstrates positive Tinel's sign at the cubital tunnel, and a positive elbow flexion test. Diminished sensation is noted at subjectively in the small finger and ulnar side of the ring finger. Negative Spurling test is noted with no evidence of thenar atrophy and no intrinsic atrophy. The exam reports shown 4/5 interosseal strength. Electromyogram (EMG)/Nerve Conduction (NCV) testing from 8/4/14 demonstrates no evidence of cubital tunnel in the left upper extremity.

IMR ISSUES, DECISIONS AND RATIONALES

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

Surgery ulnar nerve decompression and possible transposition, for the left side quantity: 1:
Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Surgery for cubital tunnel syndrome.

Decision rationale: CA MTUS/ACOEM is silent on the issue of surgery for cubital tunnel syndrome. According to the ODG, Elbow section, surgery for cubital tunnel syndrome indications include; exercise, activity modification, medications, elbow pad, and or night splint for a 3-month trial period. In this case, there is insufficient evidence in the records that the claimant has satisfied these criteria, in the cited records from 5/16/14. In addition there is no electro diagnostic evidence of cubital tunnel from the EMG report of 8/4/14. Therefore the determination is not medically necessary.