

Case Number:	CM14-0014375		
Date Assigned:	02/28/2014	Date of Injury:	09/21/2012
Decision Date:	06/27/2014	UR Denial Date:	01/03/2014
Priority:	Standard	Application Received:	02/05/2014

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:

The injured worker is a 34-year-old female who reported an injury on 09/21/2012. The mechanism of injury was not stated. Current diagnoses include left cubital tunnel syndrome and history of left 5th trigger finger contusion injury. The injured worker was evaluated on 11/27/2013. The injured worker reported persistent pain with numbness and tingling in the left upper extremity. The injured worker has completed 2 sessions of physical therapy. Physical examination revealed 6 degrees of hyper-extension through 110 degrees of flexion, 88 degrees pronation, 80 degrees supination, positive Tinel's and hyperflexion testing at the cubital tunnel, weakness, intact sensation, and positive Wartenberg's sign. It is noted, the injured worker underwent electrodiagnostic studies of the left upper extremity on 10/10/2013 which indicated entrapment neuropathy involving the left nerve across the elbow. Treatment recommendations at that time included continued observation versus decompression of the left ulnar nerve at the cubital tunnel of the elbow.

IMR ISSUES, DECISIONS AND RATIONALES

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

ONE LEFT ELBOW ULNAR NERVE DECOMPRESSION WITH POSSIBLE ULNAR NERVE TRANSPORTATION: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: ACOEM, CHAPTER 10 ,

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 surgical consultation may be indicated for patients who have significant limitation for more than 3 months, failure to improve with exercise program, and clear clinical and electro-physiologic or imaging evidence of a lesion. As per the documentation submitted, the injured worker has only participated in 2 sessions of physical therapy as of 11/18/2013. There is no evidence of an exhaustion of conservative treatment. There is also no objective evidence of ulnar nerve subluxation upon range of motion. There were no imaging studies or electrodiagnostic reports submitted for this review. Therefore, the injured worker does not meet criteria for the requested procedure. As such, the request is not medically necessary and appropriate.