

Case Number:	CM14-0015523		
Date Assigned:	02/28/2014	Date of Injury:	09/29/2008
Decision Date:	07/10/2014	UR Denial Date:	01/23/2014
Priority:	Standard	Application Received:	02/06/2014

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 Surgeon and is licensed to practice in Georgia and 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 55-year-old male who reported an injury on September 29, 2008. The mechanism of injury was not provided for review. The injured worker ultimately underwent ulnar nerve decompression and medial epicondylectomy at the left elbow in October 2013. The injured worker was evaluated on November 19, 2013. The injured worker had initiated postsurgical occupational therapy and was doing well post surgically. The injured worker was again evaluated on December 17, 2013. The injured worker had continued numbness and tingling in the ulnar nerve distribution of the right hand. Physical findings a positive ulnar nerve Tinel's sign with decreased grip strength. The injured worker's diagnoses included right cubital tunnel syndrome status post surgery. The injured worker's treatment plan included continued occupational therapy for the left elbow and ulnar nerve decompression and medial epicondylectomy of the right elbow.

IMR ISSUES, DECISIONS AND RATIONALES

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

ULNAR NERVE DECOMPRESSION RIGHT ELBOW: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation ACOEM Guidelines Second Edition 2008, Revised Chapter 10, Page 604; and Official Disability Guidelines, Elbow (Acute & Chronic).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 44-45.

Decision rationale: The requested ulnar nerve decompression of the right elbow is not medically necessary or appropriate. The American College of Occupational and Environmental Medicine recommends surgical intervention for injured workers who have persistent physical findings and that have failed to improve with conservative treatments and are supported by clear, electrophysiological or imaging evidence. The clinical documentation submitted for review does indicate that the injured worker has physical findings of ulnar nerve irritation. However, there is no documentation that the injured worker has not exhausted all lower levels of conservative treatment prior to surgical intervention. Furthermore, the clinical documentation submitted for review did not provide any evidence of an imaging or electrodiagnostic study to support the request. As such, the requested ulnar nerve decompression of the right elbow is not medically necessary or appropriate.

MEDIAL EPICONDYLECTOMY: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation ACOEM Guidelines Second Edition 2008, Revised Chapter 10, Page 604; and Official Disability Guidelines, Elbow (Acute & Chronic).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 44-45.

Decision rationale: The requested medial epicondylectomy is not medically necessary or appropriate. The American College of Occupational and Environmental Medicine recommends surgical intervention for injured workers who have persistent physical findings and that have failed to improve with conservative treatments and are supported by clear, electrophysiological or imaging evidence. The clinical documentation submitted for review does indicate that the injured worker has physical findings of ulnar nerve irritation. However, there is no documentation that the injured worker has not exhausted all lower levels of conservative treatment prior to surgical intervention. Furthermore, the clinical documentation submitted for review did not provide any evidence of an imaging or electrodiagnostic study to support the request. As such, the requested medial epicondylectomy is not medically necessary or appropriate.