MAXIMUS Federal Services

Case Number:	CM14-0019825		
Date Assigned:	04/28/2014	Date of Injury:	03/13/2013
Decision Date:	07/08/2014	UR Denial Date:	02/07/2014
Priority:	Standard	Application Received:	02/18/2014

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 Medicine, has a subspecialty in Sports Medicine and is licensed to practice in Pennsylvania. 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 claimant is a 40-year-old female who injured her right upper extremity while lifting heavy boxes in a work related accident on March 13, 2013. The records provided for review include the electrodiagnostic study report of April 19, 2013 showing mild ulnar neuropathy at the elbow and mild right compressive neuropathy at the carpal tunnel. The January 7, 2014 follow up report documented bilateral numbness and tingling of the hands, right greater than the left. Examination showed a positive Tinel's sign at the ulnar nerve bilaterally at the elbow and positive Tinel's testing at the right wrist. No other physical examination findings were noted. Conservative treatment since the date of injury has included occupational therapy, medications and activity restrictions. There is no documentation of specific treatment for the claimant's elbow based on a diagnosis of epicondylitis. The recommendation has been made for ulnar nerve decompression, medial epicondylectomy and an endoscopic right carpal tunnel release procedure.

IMR ISSUES, DECISIONS AND RATIONALES

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

ULNAR NERVE DECOMPRESSION AT THE RIGHT ELBOW WITH MEDIAL EPICONDYLECTOMY AND RIGHT ENDOSCOPIC CARPAL TUNNEL RELEASE: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 265.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007), Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 36-37; 265; 270.

Decision rationale: Based on California ACOEM Guidelines, the proposed surgery for ulnar nerve decompression at the right elbow, medial epicondylectomy, and right endoscopic carpal tunnel release cannot be recommended as medically necessary. The medical records document that the claimant has mild findings of compressive neuropathy at the elbow and carpal tunnel on electrodiagnostic studies. There is also no diagnosis of medial epicondylitis or conservative treatment rendered for this diagnosis in the records. Regarding the diagnosis of cubital tunnel syndrome, there is also no documentation of six months of conservative care consisting of immobilization or use of elbow pads that was provided to the claimant. Based upon the lack of conservative care for the diagnosis of cubital tunnel syndrome and the lack of documentation of physical examination and treatment for medial epicondylitis, the requested surgical process cannot be indicated. The request is not medically necessary or appropriate.