

Case Number:	CM14-0118239		
Date Assigned:	08/06/2014	Date of Injury:	01/05/2012
Decision Date:	10/02/2014	UR Denial Date:	07/15/2014
Priority:	Standard	Application Received:	07/28/2014

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 claimant is a 34-year-old who was injured in a work related accident on 01/05/12. The medical records provided for review document that the claimant has chronic complaints of pain in the right wrist and hand as well as radiating pain from the right elbow described as constant in nature. The clinical assessment dated 06/03/14 revealed continued elbow pain radiating to the fourth and fifth digit. Physical examination findings did not document any tenderness, identified a negative Tinel's testing at the elbow bilaterally, with full and unrestricted range of motion. Tinel's sign and Phalen's testing were positive to the right wrist. The exam also documented a "snapping sensation" with clinical subluxation of the right ulnar nerve on assessment. The report of a right elbow MRI dated 02/27/14 was documented as negative. Plain film radiographs of the elbow were unremarkable. There was no documentation of electrodiagnostic studies for review. Conservative care was not well documented. This review is for right median epicondylectomy with ulnar nerve anterior transposition.

IMR ISSUES, DECISIONS AND RATIONALES

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

Possible Medial Epicondylectomy Ulnar Nerve Anterior Transposition of Right Elbow Submuscular: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007). Decision based on Non-MTUS Citation Official Disability Guidelines - Elbow

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 36-37. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Treatment in Worker's Comp, 18th Edition, 2013 Updates: elbow procedure - Surgery for cubital tunnel syndrome (ulnar nerve entrapment) Recommended as indicated below (simple decompression in most cases). Surgical transposition of the ulnar nerve is not recommended unless the ulnar nerve subluxes on ROM of the elbow. Surgery for ulnar neuropathy at the elbow is effective at least two-thirds of the time. The outcomes of si

Decision rationale: Based on the California ACOEM Guidelines and supported by the Official Disability Guidelines, the request for medial epicondylectomy and ulnar nerve transposition cannot be recommended as medically necessary. The ACOEM Guidelines recommend surgery for cubital tunnel syndrome if there is firm clinical establishment of the diagnosis of cubital tunnel syndrome on both physical examination and electrodiagnostic studies. The medical records provided for review do not contain any reports of electrodiagnostic studies of the upper extremities that would support nor refute the requested surgical diagnosis. Without electrodiagnostic testing, the need for operative intervention in this case has not been established.