

Case Number:	CM14-0129682		
Date Assigned:	09/29/2014	Date of Injury:	04/10/2013
Decision Date:	11/05/2014	UR Denial Date:	07/18/2014
Priority:	Standard	Application Received:	08/12/2014

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 52 year old female with an industrial injury dated 04/10/13. Exam note dated 04/24/14 states the electrodiagnostic study reveals mild slowing of the ulnar motor conduction across the elbow segment bilaterally. The patient returns with a deep burning right medial elbow pain down the ulnar forearm. The patient explains that the pain is constant in the right ulnar hand and is experiencing numbness and tingling throughout the ulnar right and small fingers. Conservative treatments have included physical therapy and an elbow splint. The patient experiences weakness of grip on the right hand and the muscle strength of the right first dorsal interosseous and flexor digitorum profundus are noted as 5-/5. There is evidence of cubital tunnel provocative for a positive elbow hyperflexion test, percussion, compression, and medial posterior elbow pain and tingling in the right hand. Treatment includes a right ulnar neurolysis at the elbow and possible transposition.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right ulnar neurolysis at the elbow; possible transposition: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG (Official Disability Guidelines); Cubital tunnel syndrome

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Elbow section, Surgery for cubital tunnel syndrome

Decision rationale: The 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 and elbow pad and or night splint for a 3-month trial period. In this case the exam note from 4/24/14 satisfies criteria for cubital tunnel release however the ODG does not recommend transposition as the ulnar nerve subluxes on range of motion of the elbow. Therefore the request is considered not medically necessary.