

Case Number:	CM14-0129908		
Date Assigned:	08/20/2014	Date of Injury:	08/16/2011
Decision Date:	09/23/2014	UR Denial Date:	07/31/2014
Priority:	Standard	Application Received:	08/14/2014

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 45-year-old gentleman who injured his bilateral upper extremities as a result of repetitive work on 08/16/11. The records provided for review document that the claimant is status post cubital tunnel release with tenotomy in February of 2012. The claimant currently has continued complaints of numbness and tingling of the upper extremities. The claimant underwent repeat electrodiagnostic studies on 04/30/14 that showed left ulnar neuropathy at the elbow indicative of cubital tunnel syndrome. Physical examination performed on 04/30/14 showed diminished grip strength, full range of motion of the elbow, and no atrophy. The report of follow up examination on 06/09/14 described continued complaints of pain with numbness and tingling. Examination was noted as unchanged and there was no documentation of acute findings of the elbow documented. Based on the claimant's electrodiagnostic studies, the request for left ulnar nerve transposition was made.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left ulnar nerve transportation: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 45-46.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 37. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Treatment in Worker's Comp, 18th Edition, 2013 Updates: elbow procedure.

Decision rationale: Based on the California ACOEM Guidelines and supported by the Official Disability Guidelines, the request for a left ulnar nerve transposition would not be indicated. ACOEM Guidelines state that it is "necessary to establish a firm diagnosis on the basis of clear clinical evidence and positive electrical studies that correlate with clinical findings." The Official Disability Guidelines recommend "surgery when the ulnar nerve subluxes on range of motion of the elbow." While the claimant has electrodiagnostic evidence of recurrent cubital tunnel syndrome, there is no documentation of subluxation of the nerve on examination that would support the need for a transposition procedure. Therefore, the request for the surgery would not be necessary.