

Case Number:	CM14-0178608		
Date Assigned:	10/31/2014	Date of Injury:	06/05/2013
Decision Date:	12/10/2014	UR Denial Date:	10/16/2014
Priority:	Standard	Application Received:	10/28/2014

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:

This is a 48 years old male with a 6/5/13 injury date. He was a bus driver and reports cumulative trauma. In a 9/25/14 follow-up, the patient reports persistent numbness, tingling, and weakness in the left elbow and hand. Objective findings included diminished grip strength and dysesthesia of the ring and small fingers. Electrodiagnostic testing on 6/11/14 showed no definite evidence of ulnar neuropathy at the elbow but it was noted that the left ulnar sensory branch action amplitude was reduced by 46% as compared to a July 2013 study. The radiologist recommended clinical correlation before establishing a diagnosis of residual neuropathy. The patient does states that his left arm has remained weak with continued 4th and 5th digit numbness since the previous surgery. Diagnostic impression: left cubital tunnel syndrome. Treatment to date: left cubital tunnel release (2/19/14), medications, physical therapy. A UR decision on 10/16/14 denied the request for left elbow ulnar nerve decompression but the rationale was not included in the documentation. In a 10/31/14 UR re-evaluation, the previous decision was overturned and the surgery was approved. The patient had an earlier ulnar nerve decompression surgery that failed and has electrodiagnostic and clinical evidence of residual ulnar neuropathy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left elbow ulnar nerve decompression: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 603-606.

Decision rationale: CA MTUS criteria for cubital tunnel release include clear clinical evidence and positive electrical studies, significant loss of function, and failed conservative care; absent findings of severe neuropathy such as muscle wasting, at least 3-6 months of conservative care should precede a decision to operate. In this case, the surgery has already been approved in a UR re-appraisal letter on 10/31/14. At this time, the patient appears to meet the guideline criteria for repeat ulnar nerve decompression. Therefore, the request for left elbow ulnar nerve decompression is medically necessary.