

Case Number:	CM14-0030911		
Date Assigned:	06/20/2014	Date of Injury:	04/16/2002
Decision Date:	08/13/2014	UR Denial Date:	03/10/2014
Priority:	Standard	Application Received:	03/11/2014

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 Hand Surgery and is licensed to practice in Texas. 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 57-year-old female who reported an injury on 04/16/2012 due to an unknown mechanism of injury. The injured worker reportedly sustained an injury to her bilateral upper extremities. The injured worker's treatment history included physical therapy, a home exercise program, and activity modifications. The injured worker was evaluated on 03/20/2014. Physical findings included tenderness to palpation of the left shoulder with limited functional range of motion secondary to pain. It was also noted that the injured worker had tenderness to palpation of the left trapezius with muscle spasming and tenderness to palpation of the left elbow and wrist. The injured worker's diagnoses included left shoulder impingement syndrome, left elbow epicondylitis, and left wrist sprain/strain. A request was made for anterior transposition right ulnar nerve at cubital tunnel right elbow.

IMR ISSUES, DECISIONS AND RATIONALES

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

Anterior transposition right ulnar nerve at cubital tunnel right elbow: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) TWC elbow procedure.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 42-43.

Decision rationale: The request for anterior transposition right ulnar nerve at the cubital tunnel right elbow is not medically necessary or appropriate. The American College of Occupational and Environmental Medicine recommend surgical intervention for the elbow be supported by documentation of significant functional deficits identified on clinical examination supported by an electrodiagnostic study or imaging study. The clinical documentation submitted for review does indicate that the injured worker has previously undergone an electrodiagnostic study. However, an independent report of that study was not provided for review. Therefore, surgical intervention would not be supported. Additionally, the clinical documentation submitted for review does not provide significant examination findings that would warrant surgical intervention at this time. As such, the requested anterior transposition right ulnar nerve at cubital tunnel right elbow is not medically necessary or appropriate.