

Case Number:	CM14-0053352		
Date Assigned:	07/09/2014	Date of Injury:	02/08/2012
Decision Date:	08/07/2014	UR Denial Date:	04/08/2014
Priority:	Standard	Application Received:	04/22/2014

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 Orthopaedic 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 31-year-old female sustained an industrial injury on 2/8/12. The mechanism of injury was not documented. The 12/4/13 electrodiagnostic studies revealed mild to moderate bilateral ulnar sensory neuropathy at the elbows. Records documented failure of conservative treatment including activity modification, bracing, physical therapy, and medications. The 3/12/14 treating physician report cited bilateral elbow pain with hand/wrist pain and numbness. The Physical exam documented elbow tenderness to palpation with positive tennis elbow testing bilaterally, positive Tinel's at the left elbow, and positive elbow flexion test bilaterally. There was diminished ulnar nerve sensation bilaterally. Authorization was requested for staged bilateral cubital tunnel release with medial epicondylectomy. The 4/8/14 utilization review modified the request for staged bilateral cubital tunnel release with medial epicondylectomy and approved surgery limited to bilateral cubital tunnel release. The medial epicondylectomy was denied as the guidelines specifically recommended against this procedure.

IMR ISSUES, DECISIONS AND RATIONALES

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

Staged bilateral cubital tunnel release with medial epicondylectomy: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 36-39.

Decision rationale: ACOEM Guidelines state that surgery for ulnar nerve entrapment requires establishing a firm diagnosis on the basis of clear clinical evidence and positive electrical studies that correlate with clinical findings. Intent of guidelines and literature as an aggregate do support medial epicondylectomy for ulnar neuropathy. The 4/8/14 utilization review modified the request for staged bilateral cubital tunnel release with medial epicondylectomy and approved surgery limited to bilateral cubital tunnel release. The medical necessity of the medical epicondylectomy is established as the decompression type is within the purview of the provider as it is overall literature-supported. Therefore, this request is medically necessary.