

Case Number:	CM14-0063630		
Date Assigned:	07/11/2014	Date of Injury:	02/14/2011
Decision Date:	08/21/2014	UR Denial Date:	05/01/2014
Priority:	Standard	Application Received:	05/06/2014

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:

Claimant with reported industrial injury report on 2/14/11. Exam note from 3/5/14 demonstrates claimant is status post open carpal tunnel release with diagnosis of cubital tunnel syndrome. Report that claimant has been using cubital tunnel brace without improvement. Two prior injections into the elbow without relief is reported. Exam demonstrates positive Tinel's sign over the cubital tunnel and a positive Phalan's test. Electrodiagnostic studies from 8/29/12 demonstrate mild median delay across the right wrist. Electrodiagnostic studies from 1/8/14 are normal.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right medial epicondylectomy with fasciotomy, tendon debridement, reattachment and ulnar nerve decompression at the elbow under axillary block: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, Chapter 10 Elbow Disorders (Revised 2007), page 37-38ODG(The Official Disability Guidelines)-TWC Elbow Procedure Summary.

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

Decision rationale: 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 there is sufficient evidence in the records that the claimant has cubital tunnel. However the ODG does not recommend medial epicondylectomy with fasciotomy for cubital tunnel. Therefore the determination is not medically necessary.