

Case Number:	CM14-0067769		
Date Assigned:	07/11/2014	Date of Injury:	09/25/2013
Decision Date:	08/19/2014	UR Denial Date:	04/11/2014
Priority:	Standard	Application Received:	05/12/2014

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 42 year old gentleman who sustained injured to the bilateral upper extremities on 09/25/13. The records provided for review document that the claimant underwent a right carpal tunnel release on 11/01/13, followed by a left open carpal tunnel release on 01/21/14. The progress report of 04/01/14 describes left elbow complaints with numbness and tingling of the left upper extremity. Physical examination revealed a positive Tinel's test at the elbow, tenderness at the site of the scar from previous wrist surgery, and full range of motion of the elbow. The claimant's working diagnosis was left cubital tunnel syndrome. The report documented that conservative treatment included elbow bracing, activity restrictions and medications. The report of the electrodiagnostic studies from 10/02/13 showed moderate left and severe right carpal tunnel syndrome and findings suggestive of a left sensory neuropathy, consistent with cubital tunnel syndrome. The physician recommended a left cubital tunnel release.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left cubital tunnel release: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 37.

Decision rationale: Based on California ACOEM Elbow Guidelines, the proposed surgery for left cubital tunnel release cannot be recommended as medically necessary. The report of the electrodiagnostic studies was suggestive but not diagnostic for cubital tunnel compression. ACOEM Guidelines for cubital tunnel surgery states there should be clear clinical evidence of positive electrodiagnostic studies and correlated clinical findings. The ACOEM Guidelines also recommend six months of conservative care. Based on this individual's electrodiagnostic studies that are suggestive of cubital tunnel and the absence of documentation to confirm that the claimant has had six months of conservative care specific to the elbow, the proposed Left cubital tunnel release is not medically necessary and appropriate.