

Case Number:	CM14-0073918		
Date Assigned:	07/16/2014	Date of Injury:	06/11/2013
Decision Date:	09/16/2014	UR Denial Date:	05/08/2014
Priority:	Standard	Application Received:	05/21/2014

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 33-year-old female who injured her left upper extremity in work related lifting accident on 06/11/13. Electrodiagnostic studies performed on 09/04/13 revealed mild compressive pathology at the ulnar nerve at the elbow consistent with cubital tunnel diagnosis. The report of the assessment on 04/10/14 did not document any pain complaints in the elbow. Physical examination showed no atrophy or swelling of the upper extremity, 5/5 strength and positive Tinel's testing at the cubital tunnel. Recommendation at that time was for left ulnar nerve decompression surgery. The medical records document conservative treatment has included physical therapy and light duty work restrictions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Revise ulnar nerve at elbow: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 604.

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 request to revise the ulnar nerve at the elbow (cubital tunnel release) would not be indicated. California ACOEM

Elbow Guidelines in regards to the need for cubital tunnel release recommend establishment of a firm diagnosis based on physical exam and positive electrodiagnostic testing and failed conservative care for three to six months including use of physical therapy, elbow pads, splinting, work station modifications. Records in this case fail to demonstrate specific conservative measures that have been utilized for three to six months to include a significant course of physical therapy, use of elbow pads or splinting for the claimant's elbow. In absence of conservative care, the acute need of surgical process would not be indicated. Therefore, the request for revise ulnar nerve at elbow is not medically necessary and appropriate.