

Case Number:	CM14-0086669		
Date Assigned:	07/23/2014	Date of Injury:	09/25/2013
Decision Date:	09/08/2014	UR Denial Date:	06/05/2014
Priority:	Standard	Application Received:	06/09/2014

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:

This is a 42 year old male claimant with a reported industrial injury on 9/25/13. The claimant is status post right open carpal tunnel release on 11/7/13. The claimant is status post left open carpal tunnel release 1/21/14. An exam note from 4/1/14 demonstrates left elbow complaints. There is a report of some subjective dysesthesia in palm of the left hand. Objective findings demonstrate full range of motion at the elbow and wrist. Positive Tinel's is reported at wrist and elbow. EMG/NCV studies from 10/2/13 demonstrate reports of left cubital tunnel syndrome.

IMR ISSUES, DECISIONS AND RATIONALES

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

(L) Ulnar Nerve Transposition: Upheld

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

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: According to the ODG, Elbow section, indications for surgery for cubital tunnel syndrome include exercise, activity modification, medications and elbow pad and or night splint for a 3-month trial period. In this case there is insufficient evidence in the records from

4/1/14 that the claimant has satisfied these criteria. As such, the request is not medically necessary and appropriate.