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| Case Number: | CM14-0087926 | | |
| Date Assigned: | 07/25/2014 | Date of Injury: | 02/11/2013 |
| Decision Date: | 08/28/2014 | UR Denial Date: | 05/07/2014 |
| Priority: | Standard | Application Received: | 06/11/2014 |

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 Texas. 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 injured worker is a 54-year-old female who reported an injury on 02/11/2013. The mechanism of injury was not specifically stated. Current diagnoses include cubital tunnel syndrome and lateral epicondylitis. The injured worker was evaluated on 04/03/2014. It was noted that an electromyography and nerve conduction study confirmed a diagnosis of right cubital tunnel syndrome. The injured worker underwent denervation of the right lateral epicondyle on 12/30/2013. Previous conservative treatment includes elbow sleeves. Physical examination revealed no acute distress, positive compression testing over the cubital canal, positive Tinel's sign over the cubital canal, positive elbow hyperflexion testing, negative ulnar nerve subluxation, and slightly diminished grip strength on the right. Treatment recommendations included an open right cubital tunnel release with ulnar nerve transposition.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right Ulnar Nerve Transmuscular Transposition using Myofascial Rotation Flap from Flexor Pronator Muscle: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 45-46.

Decision rationale: California MTUS/ACOEM Practice Guidelines state 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. A decision to operate requires significant loss of function as reflected in significant activity limitation with a failure of conservative treatment. As per the documentation submitted, there is no evidence of an exhaustion of conservative treatment for 3 to 6 months prior to the request for a surgical procedure. There were also no imaging or electrodiagnostic reports submitted for this review. Based on the clinical information received and the California MTUS/ACOEM Practice Guidelines, the request is not medically necessary.