

Case Number:	CM14-0091342		
Date Assigned:	07/25/2014	Date of Injury:	02/01/2013
Decision Date:	08/28/2014	UR Denial Date:	05/16/2014
Priority:	Standard	Application Received:	06/16/2014

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 46-year-old who sustained an injury to the left upper extremity in a work-related accident on 2/1/13. The clinical records provided for review include the report of a 1/9/14 electrodiagnostic study revealing no evidence of ulnar neuropathy of the left upper extremity. There was also no indication of radiculopathy or median nerve compression. The report of a follow up visit dated 5/5/14 documented a diagnosis of right index finger tenosynovitis and no documentation of a diagnosis for left lateral epicondyle or ulnar nerve pathology. The previous assessment pertaining to the left elbow dated 10/17/13 documented lateral epicondylitis with examination findings showing tenderness to palpation over the lateral epicondyle. There was no formal documentation of treatment for the claimant's diagnosis of cubital tunnel syndrome. This request is for lateral epicondylectomy and ulnar nerve decompression with transposition.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left elbow lateral epicondylar release and ulnar nerve transposition: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 35.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 36-37. Decision based on Non-MTUS Citation Official Disability

Guidelines (ODG) Treatment in Worker's Comp, 18th Edition, 2013 Updates: Elbow procedure - Surgery for cubital tunnel syndrome (ulnar nerve entrapment).

Decision rationale: Based on California ACOEM Guidelines and supported by the Official Disability Guidelines, the request for lateral epicondylar release and ulnar nerve transposition would not be indicated. The records provided for review fail to demonstrate conservative measures aimed at the claimant's lateral epicondyle to support the surgical request. ACOEM Guidelines recommend three to six months of failed conservative care with regard to lateral epicondylar treatment. The lack of documentation would fail to support the surgery. Also in this case, an ulnar nerve transposition would not be indicated as there is no indication of subluxation of the ulnar nerve on examination or clinical diagnosis of cubital tunnel syndrome. The electrodiagnostic studies are negative and there are no current subjective complaints or formal objective findings of cubital tunnel syndrome to support the need for surgery. The treatment request is not medically necessary.

Home care assistance 4 hours a day for 5 days a week for 2 weeks, then reduce to 4 hours a day for three days a week for 4 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 35.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Home health services Page(s): 51.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.