

Case Number:	CM14-0092257		
Date Assigned:	07/25/2014	Date of Injury:	10/20/2012
Decision Date:	08/28/2014	UR Denial Date:	05/29/2014
Priority:	Standard	Application Received:	06/18/2014

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 Pennsylvania. 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 34-year-old gentleman who was injured in a work related accident on October 20, 2012. The medical records provided for review document a diagnosis of ulnar neuropathy. The report of the May 21, 2014 office visit describes continued complaints of left elbow, hand and wrist discomfort and sensory deficits of the left ulnar nerve distribution. Physical examination findings documented that medial sensation was intact and there was a positive's Tinel's sign at the left elbow. The physician documented that conservative treatment had failed to improve the claimant's symptoms and recommended a left ulnar nerve transposition. The medical records also document that the claimant had undergone a right carpal tunnel release procedure. The remaining medical records did not contain documentation of additional physical examination findings.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left Elbow- Ulnar nerve Anterior Transposition: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines- Elbow Section.

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

Guidelines (ODG), elbow procedure.

Decision rationale: Based on California ACOEM 2007 Elbow Update Guidelines and supported by Official Disability Guidelines, the request for ulnar nerve transposition cannot be recommended. The ACOEM Guidelines recommend clear correlation between electrodiagnostic imaging and the claimant's examination findings prior to consideration for surgery. There is no documentation or report of electrodiagnostic studies in the medical records. There is also no documentation of subluxation of the nerve on examination consistent with need for this specific procedure or recent conservative treatment provided to the claimant. Therefore, the medical records do not meet the ACOEM Guidelines for the proposed surgery and therefore the request is not medically necessary.