

Case Number:	CM14-0194536		
Date Assigned:	12/02/2014	Date of Injury:	04/26/2011
Decision Date:	04/22/2015	UR Denial Date:	10/23/2014
Priority:	Standard	Application Received:	11/20/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: Minnesota, Florida
 Certification(s)/Specialty: Orthopedic Surgery

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 42 year old female, who sustained an industrial injury on 4/26/2011. The diagnoses have included bilateral carpal tunnel syndrome, medial and lateral epicondylitis / tendinitis of the bilateral elbows and cubital tunnel syndrome. Treatment to date has included cortisone injections, carpal tunnel release in September 2013 and medication. According to the Agreed Medical Examiner's Supplemental Medical Legal Evaluation dated 3/12/2014, the injured worker complained of pain involving the bilateral scapular area with radiation along the medial upper arms bilaterally, medial forearms bilaterally and the ring and little fingers of both hands on 1/27/2014. Tinel's sign was positive at both cubital tunnels. The injured worker was diagnosed as having cubital tunnel syndrome, right early and mild in nature. A request for cubital tunnel release with possible anterior submuscular ulnar nerve transposition was noncertified by UR citing MTUS guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cubital tunnel release with possible anterior submuscular, ulnar nerve transposition:
 Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints, Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 18, 19, 36, 37.

Decision rationale: Per AME of March 12, 2014, the diagnoses included diabetes mellitus, hypothyroidism, fibromyalgia, obesity, and carpal tunnel syndrome. A nerve conduction study of 12/4/2013 had revealed the ulnar nerve motor conduction velocity across the right elbow to be at the lower limits of normal. There was a positive Tinel sign over the ulnar nerve at the cubital tunnel. According to California MTUS guidelines proper testing to localize the abnormality involves a nerve conduction study that includes at least stimulation above and below the elbow. The role for the inching technique is to isolate the location of the nerve conduction velocity decrement and infer the precise location of the entrapment. The available documentation does not indicate clear electrophysiologic evidence of ulnar nerve entrapment. Conservative treatment for cubital tunnel syndrome includes elbow padding, avoidance of leaning on the ulnar nerve at the elbow, avoidance of prolonged hyperflexion of the elbow, and utilization of NSAIDs. The guidelines suggest nonoperative treatment for at least 3-6 months before making a decision to operate. The documentation does not indicate such treatment. 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. The documentation submitted does not include definite evidence of ulnar nerve entrapment in the cubital tunnel. The nerve conduction study shows the velocity of the ulnar nerve across the tunnel to be in the lower normal range. There is a history of diabetes which would also explain that. Furthermore the requested procedure is not recommended by guidelines if there is no history of subluxation of the ulnar nerve. The evidence suggests that simple decompression of the ulnar nerve does have some evidence of benefits over the more complicated surgical procedures such as transposition. As such, the request for a cubital tunnel release with possible submuscular anterior transposition of the ulnar nerve is not supported and the medical necessity of the request has not been substantiated.

Associated surgical service: Medical clearance/lab work (CBC, CMP, HCG with EKG):
Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 18, 19, 36, 37.

Decision rationale: The requested surgery is not medically necessary. Therefore the pre-operative testing is also not medically necessary.