

Case Number:	CM14-0198678		
Date Assigned:	12/09/2014	Date of Injury:	08/06/2012
Decision Date:	01/21/2015	UR Denial Date:	10/31/2014
Priority:	Standard	Application Received:	11/26/2014

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 Neurological 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:

According to the records made available for review, this is a 51-year-old male with an 8/6/12 date of injury. At the time (10/3/14) of the request for authorization for right elbow ulnar nerve decompression, there is documentation of subjective (pain about the right elbow and right 3rd finger) and objective (Tinel's sign is positive on the medial aspect of the right elbow, diminished sensation to the 4th and 5th fingers on the right) findings, current diagnoses (right elbow ulnar nerve compression), and treatment to date (medication and physical therapy). There is no documentation of a nerve conduction study and additional conservative treatment (elbow padding, avoidance of leaning on the ulnar nerve at the elbow, avoidance of prolonged hyperflexion of the elbow).

IMR ISSUES, DECISIONS AND RATIONALES

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

Right Elbow Ulnar Nerve Decompression: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 270, 18-19. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Elbow Chapter, Surgery for cubital tunnel syndrome (ulnar nerve decompression)

Decision rationale: MTUS reference to ACOEM guidelines identifies documentation of a nerve conduction study and conservative treatment (elbow padding, avoidance of leaning on the ulnar nerve at the elbow, avoidance of prolonged hyperflexion of the elbow, and utilization of NSAIDs) as criteria necessary to support the medical necessity of decompression of the ulnar nerve. ODG identifies documentation of subjective/objective findings consistent with ulnar neuropathy, significant activity limitations, as additional criteria necessary to support the medical necessity of ulnar nerve decompression with ulnar nerve transposition. Within the medical information available for review, there is documentation of diagnoses of right elbow ulnar nerve compression. In addition, there is documentation of positive findings on clinical examination and conservative treatment (utilization of NSAIDs). However, there is no documentation of a nerve conduction study and additional conservative treatment (elbow padding, avoidance of leaning on the ulnar nerve at the elbow, avoidance of prolonged hyperflexion of the elbow). Therefore, based on guidelines and a review of the evidence, the request for right elbow ulnar nerve decompression is not medically necessary.