

Case Number:	CM14-0218932		
Date Assigned:	01/09/2015	Date of Injury:	09/08/2008
Decision Date:	03/16/2015	UR Denial Date:	12/11/2014
Priority:	Standard	Application Received:	12/30/2014

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: California
 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 male with a date of injury as 09/08/2008. The cause of the injury was not included in the documentation received. The current diagnoses include cubital tunnel syndrome bilaterally, carpal tunnel syndrome bilaterally, and trigger finger-left middle finger. Previous treatments include medications and occupational therapy. Report dated 11/26/2014 noted that the injured worker presented with complaints that included persistent locking and triggering and persistent bilateral hand pain and numbness and tingling, and bilateral shoulder pain. Physical examination revealed locking and triggering of the left ring finger in flexion, positive Tinel's at the cubital tunnel bilaterally. Report dated 11/04/2014 indicates the need for surgery is due to the injured worker remaining primarily symptomatic from cubital tunnel syndrome as well as locked middle finger. Electrodiagnostic testing performed on 10/26/2014 was positive for cubital tunnel syndrome. The utilization review performed on 12/11/2014 non-certified a prescription for left ulnar subcutaneous transposition based on lack of quality peer reviewed studies to support efficacy. The reviewer referenced the ACOEM in making this decision.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left Ulnar Subcutaneous Transposition: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Elbow section, Surgery for cubital tunnel syndrome

Decision rationale: CA MTUS is silent on the issue of ulnar nerve subcutaneous transposition. According to the ODG Elbow section, Surgery for cubital tunnel syndrome, Simple decompression is preferred over anterior transposition. In this case there is lack of medical necessity for transposition based upon the exam notes of 11/26/14. Therefore the determination is for non-certification.