

Case Number:	CM14-0094778		
Date Assigned:	07/25/2014	Date of Injury:	05/18/2011
Decision Date:	01/05/2015	UR Denial Date:	06/13/2014
Priority:	Standard	Application Received:	06/23/2014

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:

The injured worker is a 33-year-old male who has submitted a claim for left elbow ulnar nerve compression associated with an industrial injury date of 5/18/2011. Medical records from 2014 were reviewed. The injured worker complained of persistent pain and numbness throughout the left upper extremity. Numbness was noted over the fourth and fifth digits. Physical examination showed positive elbow flexion test, weak grip strength of left hand rated 40 lbs. compared to 20 lbs. contralaterally and left elbow flexion of 125 degrees. Tinel's sign was positive. Treatment to date has included exercise program and medications. The utilization review from 6/13/2014 denied the request for exploration of left elbow release of left ulnar nerve and decompression because of absence of Electromyography (EMG) report.

IMR ISSUES, DECISIONS AND RATIONALES

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

Exploration of Left Elbow Release of Left Ulnar Nerve and Decompression: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 603-606. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Elbow Chapter, Surgery For Cubital Tunnel Syndrome (Ulnar Nerve Entrapment)

Decision rationale: As stated on pages 603-606 in the California MTUS ACOEM Elbow Disorders Chapter, cubital tunnel release is indicated for failure of at least 3-6 months of conservative care given evidence of clinical and electrophysiological findings. The Official Disability Guidelines state that simple decompression is "recommended in most cases." Surgical transposition of the ulnar nerve is not recommended unless the ulnar nerve subluxes on range of motion (ROM) of the elbow. Initial conservative treatment including strengthening exercises, activity modification, medications, and use of a pad/night splint for at least 3 months is necessary prior to surgery. In this case, the injured worker complained of persistent pain and numbness throughout the left upper extremity. Numbness was noted over the fourth and fifth digits. Physical examination showed positive elbow flexion test, weak grip strength of left hand rated 40 lbs. compared to 20 lbs. contralaterally and left elbow flexion of 125 degrees. Tinel's sign was positive. While the injured worker has had exercise program and medications in the past, it is unclear if all conservative measures have been exhausted. There is no mention of bracing / splinting. Moreover, the official electrodiagnostic study is not available for review. The medical necessity cannot be established due to insufficient information. Therefore, the request for Exploration of Left Elbow Release of Left Ulnar Nerve and Decompression is not medically necessary.