

Case Number:	CM15-0133232		
Date Assigned:	07/21/2015	Date of Injury:	12/28/2014
Decision Date:	08/18/2015	UR Denial Date:	06/09/2015
Priority:	Standard	Application Received:	07/09/2015

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: Montana, Oregon, Idaho
 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 65 year old female who sustained an industrial injury on 12/28/2014. Mechanism of injury was a slip and fall injuring her left arm and left hip and elbow. Diagnoses include left elbow olecranon fracture, left cubital tunnel syndrome, left hip greater trochanteric bursitis, left wrist sprain, and lumbar degenerative disc disease with acute neuroforaminal stenosis. Treatment to date has included diagnostic studies, medications, activity modification, physical therapy, braces and corticosteroid injections. An unofficial Magnetic Resonance Imaging of left elbow done on 02/19/2015 revealed a non-displaced intra-articular fracture of the trochlear notch of the proximal ulna with an overlying bone marrow contusion. There is a moderate bone marrow contusion of the radial head without fracture. There is a possible ulnar neuritis and moderate tendinosis of the humeral insertions of the common flexor and extensor tendons without evidence of tears. An unofficial Magnetic Resonance Imaging of the lumbar spine done on 04/23/2015 revealed degenerative disc and joint disease most prominent at L4-L5, and multilevel facet osteoarthritis and ligamentum flavum hypertrophy with associated neural foraminal narrowing. A physician progress note dated 05/21/2015 documents the injured worker has complaints of left elbow pain. She has pain, weakness, numbness and tingling in her left elbow. She is unable to sleep on her left hip. Her left elbow pain is rated 5 out of 10 daily and it is constant and her left hip pain is rated 1 out of 10 daily. Her hip range of motion is full but painful. She has tenderness over the distal radioulnar joint. Elbow flexion is positive for ulnar neuropathy. Tinel's sign over the cubital tunnel is positive. The treatment plan includes physical therapy. Treatment requested is for left cubital tunnel release, with possible transposition.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left cubital tunnel release, with possible transposition: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) elbow section/ surgery for cubital tunnel syndrome.

Decision rationale: CA MTUS/ACOEM is silent on the issue of surgery for cubital tunnel syndrome. According to the ODG, Elbow section, Surgery for cubital tunnel syndrome, cubital tunnel syndrome resulting in symptoms of ulnar neuropathy at the elbow and a significant loss of function as documented by significant activity limitations. Indications for surgical management include failure of non-operative treatment including exercise, activity modification, medications and elbow pad and or night splint for a 3-month trial period. In this case there is insufficient evidence in the exam note of 5/21/15 that the claimant has satisfied these criteria. There is no indication in this note that a period of physical therapy or splinting had been attempted. Therefore the requested cubital tunnel release with possible transposition is not medically necessary.