

Case Number:	CM15-0134706		
Date Assigned:	07/23/2015	Date of Injury:	11/07/2009
Decision Date:	08/28/2015	UR Denial Date:	06/19/2015
Priority:	Standard	Application Received:	07/13/2015

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: California, Oregon, Washington
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:

This 51 year old female sustained an industrial injury to the left wrist and elbow on 11-7-09. Computed tomography left wrist (11-20-14) showed partial healing of the arthrodesis of the wrist. Electromyography and nerve conduction velocity test (5-2011) showed mild left carpal tunnel syndrome and moderate to severe left Guyon's canal syndrome. Previous treatment included arthroscopic left radiocarpal and mid carpal synovectomy (1-2011), left wrist arthrotomy with tenosynovectomy (7-2011), Pill-O-Splint, psychiatric care, and medications. In a PR-2 dated 6-2-5, the injured worker complained of left wrist and elbow pain with numbness to the left little and ring fingers. Physical exam was remarkable for a well-healed arthrodesis scar, decreased sensation to the left little finger and ulnar one third of the dorsum of the hand with five out of five motor strength. Tinel's sign, elbow flexion and compression tests were positive for ulnar nerve entrapment at the left elbow. The remaining objective findings were difficult to decipher. Current diagnoses included thumb basilar joint arthritis. The treatment plan included cubital tunnel release surgery.

IMR ISSUES, DECISIONS AND RATIONALES

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

Neuroplasty, Transposition left cubital tunnel: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 18. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Elbow section.

Decision rationale: CA MTUS/ACOEM Elbow Complaints Chapter 10 (2007 supplement) page 18 states that focused NCS/EMG with "inching technique" is required for the accurate diagnosis of cubital tunnel syndrome. As there is no evidence of cubital tunnel syndrome on the EMG from May 2011 the request is not medically necessary. 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, indications include 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 records that the claimant has satisfied these criteria in the cited records. Therefore the determination is for non-certification.