

Case Number:	CM15-0180326		
Date Assigned:	09/29/2015	Date of Injury:	08/20/2013
Decision Date:	11/06/2015	UR Denial Date:	09/08/2015
Priority:	Standard	Application Received:	09/14/2015

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:

The injured worker is a 36 year old female who sustained an industrial injury August 20, 2013. Past history included asthma, laparotomy x 2, and right carpal tunnel surgery July 2014. Past treatment included cervical spine epidural steroid injections with facet blocks, chiropractic treatment, cortisone injection right wrist, and post-operative physical therapy. According to a primary treating physician's progress report dated August 20, 2015, the injured worker presented with complaints of worsened left hand intermittent moderate to occasionally severe pain, radiating to the elbow, with numbness and tingling in the ring and pinky fingers. She noted weakness of her hand, tightness, stiffness and limited motion. She reports the right hand has been feeling worse with moderate to severe pain and a burning sensation in the index and middle fingers with numbness, weakness, and tingling in her hand and wrist. She also reports constant neck pain radiating to the shoulders, limited range of motion and a burning sensation with numbness and tingling in the fingers of her left hand, and occasional headaches. Objective findings revealed; positive Tinel's over the ulnar nerve at the elbow; hypersensitivity along the medial aspect of the forearm. The treating physician documented; "EMG (electromyography) study is negative, however, the patient has a clear clinical presentation of ulnar nerve entrapment based on her symptomatology and examination findings". Diagnoses are cervical sprain, lumbar spine disc bulge; left ulnar neuropathy; status post carpal tunnel release. At issue, is a request for authorization for a left ulnar nerve transposition. According to utilization review dated September 8, 2015, the request for Left Ulnar Nerve Transposition is non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left Ulnar Nerve Transposition: Upheld

Claims Administrator guideline: Decision based on MTUS Elbow Complaints 2007.

MAXIMUS guideline: Decision based on MTUS Elbow Complaints 2007, Section(s): Ulnar Nerve Entrapment. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Elbow section, Surgery for cubital tunnel syndrome.

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 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 and therefore is not medically necessary.