MAXIMUS Federal Services

Case Number:	CM15-0191543		
Date Assigned:	10/05/2015	Date of Injury:	11/04/2013
Decision Date:	11/10/2015	UR Denial Date:	09/16/2015
Priority:	Standard	Application Received:	09/29/2015

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 40 year old female with an industrial injury date of 11-04-2013. Medical record review indicates she is being treated for carpal tunnel syndrome and wrist pain. Subjective complaints (08-24-2015) included "painful left ulnar nerve subluxation across the cubital tunnel." The treating physician indicated the injured worker was having "gradually worsening pain and discomfort secondary to the left ulnar nerve subluxation across the elbow." The treating physician also noted the discussion of further treatment options with the injured worker choosing surgical intervention. In the prior progress note (07-15-2015) the treating physician documented the injured worker's pain had "slightly" improved from 4-5 out of 10 to 3-4 out of 10 in her wrists and elbows. Other complaints included a persistent "clicking" in her left elbow with range of motion and numbness in her 4th and 5th fingers. Physical exam of the left wrist noted mild to moderate tenderness with mild swelling of the ventral aspect and distal forearm with normal range of motion. Grip strength was 4 plus out of 5, Left elbow showed mild to moderate tenderness and swelling in the posterior medial region. Paresthesia of left 4th and 5th fingers was noted. Prior treatment included TENS unit, home exercise program, medications and bilateral cubital tunnel release. On 09-16-2015 the request for left ulnar nerve anterior sub muscular transposition was non-certified by utilization review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left ulnar nerve anterior submuscular 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 rationale: According to the CA MTUS/ACOEM Guidelines, page 38 of the Elbow chapter, quality studies are available on submuscular transposition. Submuscular transposition has not been shown to be beneficial. This surgical option for this problem is high cost, invasive, and has side effects. Thus, submuscular transposition is not recommended. As the request is not supported by the MTUS guidelines, the request is not medically necessary.