

Case Number:	CM15-0196379		
Date Assigned:	10/12/2015	Date of Injury:	07/29/2013
Decision Date:	11/19/2015	UR Denial Date:	10/01/2015
Priority:	Standard	Application Received:	10/06/2015

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 injured worker is a 50 year old female, who sustained an industrial injury on 07-29-2013. The injured worker was diagnosed as having status post cervical spine fusion in 06-2014, left cubital tunnel and left medial epicondylitis. On medical records dated 09-15-2015, the subjective complaints were noted as constant numbness into left ulnar digits, achy pain in the left medial aspect of her elbow, that signification worsen with any type of elbow flexion. The injured worker was also noted to have burning pain down the ulnar forearm and persistent pain in the neck. Objective findings were noted as decreased sharp-dull discrimination over the ulnar digits. There was mild discomfort over the medial epicondyle, positive elbow flexion test, positive Tinel's over the cubital tunnel. There was a negative Spurling's maneuver noted. Treatments to date included brace and stretching program. The injured worker was noted to be on modified work. Current medications were not listed on 09-15-2015. The injured work recommended surgical intervention and post-operative medication, due to having constant and ongoing symptoms for over a year. The Utilization Review (UR) was dated 10-01-2015. A request for Left Ulnar Nerve Transposition was submitted. The UR submitted for this medical review indicated that the request for Left Ulnar Nerve Transposition was 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. Decision based on Non-MTUS Citation Official Disability Guidelines, Elbow.

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, 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 exam note of 9/15/15 that the claimant has satisfied these criteria. Therefore the determination is not medically necessary.