

Case Number:	CM15-0203655		
Date Assigned:	10/20/2015	Date of Injury:	10/28/2014
Decision Date:	12/03/2015	UR Denial Date:	09/28/2015
Priority:	Standard	Application Received:	10/16/2015

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 is a 39 year old female with a date of injury on 10-28-14. A review of the medical records indicates that the injured worker is undergoing treatment for left upper extremity pain, left hand and left elbow pain. Progress report dated 8-5-15 reports continued complaints of persistent painful volar subluxation of the ulnar nerve from the cubital tunnel, with elbow flexion. Recent nerve conduction study 8-4-15 of the left upper extremity is consistent with "minimal" left carpal tunnel syndrome. Physical exam shows subluxing left ulnar nerve at the level of the elbow. EMG 8-4-15 of left upper extremity was normal. Request for authorization dated 8-5-15 was made for Anterior Transposition, Left Ulnar Nerve at the elbow, per 8/5/15 order. Utilization review dated 9-28-15 non-certified the request.

IMR ISSUES, DECISIONS AND RATIONALES

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

Anterior Transposition, Left Ulnar Nerve at the elbow, per 8/5/15 order: 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: 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. 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 8/5/15 that the claimant has satisfied these criteria. Additionally the EMG from 8/4/15 was normal. Therefore, the determination is for non-certification.