

Case Number:	CM15-0214205		
Date Assigned:	11/04/2015	Date of Injury:	10/03/2001
Decision Date:	12/15/2015	UR Denial Date:	10/15/2015
Priority:	Standard	Application Received:	10/30/2015

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 53 year old male, who sustained an industrial injury on 10-3-2001. The injured worker was being treated for right cubital tunnel syndrome. The treating physician (8-4-2015 and 9-1-2015) noted electromyography and nerve conduction velocity studies were positive for cubital tunnel syndrome. There is no physical exam (8-4-2015) documented in the medical records. The physical exam (9-1-2015) revealed right elbow tenderness. The injured worker (9-15-2015) reported ongoing right elbow pain with numbness and tingling in the right hand. The physical exam (9-15-2015) revealed good range of motion of the right elbow, wrist, and hand. The treating physician noted a positive Tinel's sign at the right elbow and mild weakness on right finger abduction. The treating physician (9-29-2015) noted that right elbow ulnar nerve surgery had been recommended by the orthopedic surgeon. There is no physical exam (9-29-2015) documented in the medical records. Per the treating physician (9-15-2015 report), electromyography (4-13-2015) revealed moderate right cubital tunnels syndrome. Treatment has included pain and anti-epilepsy medication. Per the treating physician (9-29-2015 report), the injured worker has not returned to work. On 10-8-2015, the requested treatments included a right ulnar nerve decompression at the cubital tunnel with anterior ulnar nerve transposition. On 10-15-2015, the original utilization review non-certified a request for a right ulnar nerve decompression at the cubital tunnel with anterior ulnar nerve transposition.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right ulnar nerve decompression at the cubital tunnel with anterior ulnar nerve transposition: Upheld

Claims Administrator guideline: Decision based on MTUS Elbow Complaints 2007, Section(s): Ulnar Nerve Entrapment. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Elbow (Acute & Chronic) - Ulnar Nerve Transposition.

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 9/29/15 that the claimant has satisfied these criteria. Therefore, the proposed surgery is not medically necessary and the determination is for non-certification.