

Case Number:	CM15-0215708		
Date Assigned:	11/05/2015	Date of Injury:	07/04/1999
Decision Date:	12/18/2015	UR Denial Date:	10/20/2015
Priority:	Standard	Application Received:	11/03/2015

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: Illinois, California, Texas
 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 62-year-old male who sustained an industrial injury on 12/2/98. The mechanism of injury was not documented. Past surgical history was positive for L3-S1 anterior-posterior lumbar fusion with instrumentation. Past medical history was positive for deep vein thrombosis. She was diagnosed with right carpal tunnel and cubital tunnel syndrome. The 5/4/15 initial orthopedic report cited occasional numbness and tingling to the right hand and occasional dropping things. Current medications included Coumadin, Lyrica, Zanaflex, Flector patches, Ultram, Lidoderm patches, Norco and Prilosec. Physical exam documented positive Tinel's at the right elbow. Right elbow exam documented full range of motion and no instability with varus or valgus stress. The diagnosis included chronic right cubital tunnel syndrome. Surgery was recommended for right cubital tunnel decompression with possible anterior submuscular transposition. A Pil-O-Splint would be counterproductive. The 6/15/15 treating physician report cited on-going constant severe right elbow pain. Pain was aggravated by any movement, extending elbow, flexing elbow, physical activity, and pushing. Pain was relieved by medications and rest. There was mild tenderness to palpation over the right lateral and medial epicondyles, paresthesia in the right ulnar distribution, decreased sensation in the left ulnar distribution, 2-point discrimination greater than 5 mm along the ulnar nerve distribution, and normal elbow reflexes. Authorization was requested for right cubital tunnel decompression. The 10/19/15 utilization review non-certified the request for right cubital tunnel decompression as the documentation did not indicate that initial conservative treatment, such as exercise, activity modification, and night splinting, had been attempted and failed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right cubital tunnel decompression: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Elbow chapter (Acute & Chronic): Surgery for cubital tunnel syndrome.

MAXIMUS guideline: Decision based on MTUS Elbow Complaints 2007, Section(s): Ulnar Nerve Entrapment.

Decision rationale: The California MTUS guidelines state that surgery for ulnar nerve entrapment requires establishing a firm diagnosis on the basis of clear clinical evidence and positive electrical studies that correlate with clinical findings. A decision to operate requires significant loss of function, as reflected in significant activity limitations due to the nerve entrapment and that the patient has failed conservative care, including full compliance in therapy, use of elbow pads, removing opportunities to rest the elbow on the ulnar groove, workstation changes (if applicable), and avoiding nerve irritation at night by preventing prolonged elbow flexion while sleeping. Absent findings of severe neuropathy such as muscle wasting, at least 3-6 months of conservative care should precede a decision to operate. Guideline criteria have not been met. This injured worker presents with persistent activity-limiting right elbow pain. Clinical exam findings are consistent with the diagnosis of right cubital tunnel syndrome. However, there is no electrodiagnostic evidence documented in the provided medical records that confirms ulnar nerve entrapment neuropathy. There is no detailed documentation that recent comprehensive pharmacologic and non-pharmacologic conservative treatment of the right elbow had been tried and failed. Therefore, this request is not medically necessary at this time.