

Case Number:	CM15-0032121		
Date Assigned:	02/25/2015	Date of Injury:	12/05/2011
Decision Date:	04/14/2015	UR Denial Date:	01/28/2015
Priority:	Standard	Application Received:	02/20/2015

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

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 41 year old male, who sustained an industrial injury on December 5, 2011. The diagnoses have included right cubital tunnel syndrome and medial epicondylitis. Treatment to date has included medication, physical therapy, acupuncture, work modifications, injection and wrist/elbow brace. Currently, the injured worker complains of with persistent pain in the right elbow consistent with cubital tunnel. He has not had improvement with physical therapy or cortisone injection. The injured worker reports constant pain in the right upper extremity about the elbow, wrist and the hand that is aggravated with lifting, gripping, grasping, pushing and pulling. The pain is rated an 8 on a 10-point scale. On examination, the injured worker had tenderness over the volar aspect of the wrist as well as the cubital fossa at the right elbow. Tinel's sign was positive over the carpal and cubital canals and right elbow flexion test was positive. There is hypersensitivity to the ulnar nerve with palpation. Full range of motion is painful and there is no evidence of instability of the upper extremity. There is diminished sensation in the radial and ulnar digits. The evaluating physician noted electrodiagnostic studies of the upper extremities confirmed significant right cubital tunnel syndrome. An EMG/NCS report dated April 25, 2012 revealed a normal EMG and nerve conduction study on the right upper extremity with no evidence of carpal tunnel syndrome, ulnar or radial neuropathy or significant cervical radiculopathy. On January 28, 2015 Utilization Review non-certified a request for right cubital tunnel release, right medial unicondylar release with possible ulnar nerve transposition, noting that the documentation did not include EMG findings and there was no documentation on physical examination of weakness of the upper extremities. The California

Medical Treatment Utilization Schedule referenced ACOEM was cited. On February 20, 2015, the injured worker submitted an application for IMR for review of right cubital tunnel release, right medial unicondylar release with possible ulnar nerve transposition.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right Cubital Tunnel Release with Possible Ulnar Nerve Transposition Medial Epicondyle Release: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Elbow, 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 addition there should be electrodiagnostic evidence of cubital tunnel syndrome. In this case there is insufficient evidence in the EMG of 4/25/12 that the claimant has cubital tunnel syndrome. Therefore, the determination is for non-certification.