

Case Number:	CM15-0035100		
Date Assigned:	03/03/2015	Date of Injury:	02/20/2014
Decision Date:	04/15/2015	UR Denial Date:	02/03/2015
Priority:	Standard	Application Received:	02/24/2015

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 52 year old male with an industrial injury dated February 20, 2014. The injured worker diagnoses include bilateral recurrent moderate to severe carpal tunnel syndrome, right greater than left, right ulnar nerve entrapment across the wrist, neural foraminal narrowing, C3-C4 and C6-C7 and bilateral chronic C5 radiculopathy. He has been treated with diagnostic studies, radiographic imaging, prescribed medications and periodic follow up visits. According to the progress report dated 12/4/2014, the injured worker presented for evaluation on November 18, 2014 with complaints of persistent pain and discomfort of the right elbow. Objective findings revealed positive Tinel's test of the right wrist/elbow. The treating physician requested for the injured worker to undergo an ulnar nerve decompression at the elbow. Utilization Review determination on February 3, 2015 denied the request for ulnar nerve decompression at the elbow, citing MTUS, ACOEM Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ulnar nerve decompression at the elbow: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Elbow Section.

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 11/18/14 that the claimant has satisfied these criteria. Therefore, the determination is for non-certification.