

Case Number:	CM15-0052796		
Date Assigned:	03/26/2015	Date of Injury:	11/25/2013
Decision Date:	05/01/2015	UR Denial Date:	02/10/2015
Priority:	Standard	Application Received:	03/20/2015

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, Hand Surgery, Sports Medicine

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

Symptoms include constant burning left shoulder pain and pain, numbness and tingling throughout the left upper extremity interfering with sleep and preventing reaching, gripping and grasping with the arm. Treatment has included splinting, chiropractic, medications, therapy, home electrical treatment, injections, acupuncture. Diagnoses include left hand sprain/strain, left wrist sprain/strain, left flexor extensor, carpi ulnaris tendinitis, left elbow cubital tunnel syndrome, left shoulder tendinitis, impingement, anxiety and depression secondary to work related injury and pain, left trapezial mild fasciitis, medial and lateral elbow epicondylitis, tenderness of forearm, tenderness of the arm, left carpal tunnel syndrome. Recommended treatment includes internal medicine evaluation for increased blood pressure, psychological evaluation for anxiety and depression, Ultram, Prilosec, Norco, remain off work.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Left elbow cubital tunnel release with ulnar nerve transposition and medical epicondylectomy: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 44-49. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Elbow, Surgery for cubital tunnel syndrome; Epicondylitis.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 327.

Decision rationale: In this case, symptoms are non-anatomic and the majority are inconsistent with a specific diagnosis of ulnar neuropathy at the elbow/cubital tunnel syndrome. Therefore, based on page 270 of the ACOEM guidelines, criteria are not met for consideration of surgery as there are no red flags of a serious nature and no clear clinical or special study evidence of a lesion shown to benefit from surgical intervention. CA MTUS/ACOEM is silent on the specific issue of cubital tunnel surgery. 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 notes that the claimant has satisfied these criteria. Regarding the specific request for epicondylectomy, that is largely a historical procedure and not recommended by board certified hand surgeons. Therefore, the determination is that the request is not medically necessary and appropriate. Therefore, the determination is for non-certification. CA MTUS/ACOEM is silent on the issue of surgery for cubital tunnel syndrome. Therefore the determination is for non-certification.