

Case Number:	CM15-0083091		
Date Assigned:	05/05/2015	Date of Injury:	02/06/1998
Decision Date:	06/03/2015	UR Denial Date:	04/23/2015
Priority:	Standard	Application Received:	04/30/2015

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, Indiana, Oregon

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 (n) 58-year-old male, who sustained an industrial injury on 2/6/98. He reported pain in the left shoulder and left medial elbow. The injured worker was diagnosed as having recurrent left ulnar neuropathy; status post left ulnar nerve transposition, left lateral epicondylitis and recurrent right carpal tunnel syndrome. Treatment to date has included Voltaren, Prilosec, Menthoderm gel and Tramadol. As of the PR2 dated 11/6/14, the injured worker reports continued pain in the left shoulder and left medial elbow. The treating physician noted a positive Tinel's sign and tenderness over the left medial elbow. The treating physician requested surgery for revision of the left ulnar nerve transpositions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Surgery for revision left ulnar nerve transpositions: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 18.

Decision rationale: CA MTUS/ACOEM Elbow Complaints Chapter 10 (2007 supplement) page 18 states that focused NCS/EMG with "inching technique" is required for the accurate diagnosis of cubital tunnel syndrome. As there is no evidence of cubital tunnel, syndrome on EMG in the exam note from 11/6/14 the diagnosis of recurrent cubital tunnel syndrome is not established. Therefore the request is not medically necessary.