

Case Number:	CM15-0084715		
Date Assigned:	05/07/2015	Date of Injury:	02/03/2015
Decision Date:	08/19/2015	UR Denial Date:	04/07/2015
Priority:	Standard	Application Received:	05/04/2015

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, Oregon, Washington
 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 53 year old female who sustained a work related injury February 3, 2015. While transferring a patient from a chair to the bed, she twisted her arm and felt numbness from her right hand-wrist to her right elbow. She was initially treated with anti-inflammatory medication and physical therapy. According to an initial orthopedic evaluation, dated March 3, 2015, the injured worker presented with complaints of throbbing, shooting, sharp pain in her right elbow. Grip strength testing in three trials; right hand 20-20-20 pounds and left hand 30-35-30 pounds. There is a positive elbow extension test and obvious subluxation of the ulnar nerve. There is a positive Tinel's sign over the ulnar nerve at the right elbow medial epicondylar area and obvious edema in the right elbow compared to the left elbow, with obvious asymmetry. Electrodiagnostic studies, dated March 17, 2015, (report present in medical record) revealed moderate right carpal tunnel syndrome. Assessment is documented as right elbow pain; right elbow cubital tunnel syndrome; right elbow severe subluxation of the ulnar nerve. At issue, is the request for authorization for a right elbow cubital tunnel release ulnar nerve block.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right elbow cubital tunnel release ulnar nerve block: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 18-19. Decision based on Non-MTUS Citation Official Disability Guidelines.

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 the EMG from March 17, 2015, the request is not medically necessary.