

Case Number:	CM14-0131076		
Date Assigned:	08/20/2014	Date of Injury:	03/01/2012
Decision Date:	10/20/2014	UR Denial Date:	08/04/2014
Priority:	Standard	Application Received:	08/15/2014

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. The expert reviewer is Board Certified in Orthopedic Surgery and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 claimant is a 58-year-old female who was injured 03/01/12. The medical records provided for review documented that the claimant has been treated for a diagnosis of lateral epicondylitis of the right elbow, tendinitis of the right wrist and hand in addition to underlying neck pain. Electrodiagnostic studies performed on 04/18/14 showed evidence of right median neuropathy noted as mild for sensory and motor involvement with a normal EMG study. This was noted to be suggestive, but not diagnostic, of carpal tunnel syndrome. There was also evidence of right ulnar neuropathy at the elbow with "borderline motor involvement." This was also documented as of questionable clinical significance for cubital tunnel diagnosis. Physical examination showed a positive Tinel's sign at the medial aspect of the right wrist, but negative Tinel's testing at the ulnar nerve of the right elbow. Further clinical assessment included a handwritten progress report of 03/03/14 stating the claimant was awaiting electrodiagnostic testing for a current diagnosis of tendinitis of the right wrist, lateral epicondylitis of the elbow and shoulder tendinosis. Physical examination showed restricted range of motion and tenderness; the body part was not documented in the report. This review is for carpal and cubital tunnel release of the right upper extremity.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cubital tunnel release with possible ulnar nerve transposition, right elbow: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 45-46. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)-Treatment Index, Elbow, Surgery for cubital tunnel syndrome (ulnar nerve entrapment)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 36.

Decision rationale: Based on California MTUS ACOEM Guidelines, the request for cubital tunnel release with possible ulnar nerve transposition of the right elbow is not recommended as medically necessary. According to the ACOEM Guidelines, surgery for ulnar nerve entrapment requires establishment of a firm diagnosis based on clear clinical evidence on examination and positive electrodiagnostic studies correlating with clinical findings. The medical records do not contain documentation of any evidence of positive electrodiagnostic studies. Electrodiagnostic studies were noted to be borderline for the diagnosis of cubital tunnel syndrome. Without firm establishment of the diagnosis, the ACOEM Guideline criteria in this case have not been met and the request is not medically necessary.