

Case Number:	CM14-0142626		
Date Assigned:	09/10/2014	Date of Injury:	05/25/2012
Decision Date:	10/10/2014	UR Denial Date:	08/01/2014
Priority:	Standard	Application Received:	09/03/2014

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 Pennsylvania. 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 54-year-old female who sustained an injury to her right upper extremity and elbow in work related accident on 05/25/12. The medical records provided for review included the report of an MRI of the right elbow dated 03/12/14, that showed lateral epicondylitis and a small amount of joint fluid. The electrodiagnostic studies from 01/08/13 revealed bilateral carpal tunnel syndrome but no underlying cubital or ulnar findings. The report of the office visit dated 04/03/14 describes continued medial pain at the elbow for which the claimant has been utilizing a counterforce brace and antiinflammatory medications. Physical examination revealed negative Tinel's testing at the elbow but positive Tinel's testing at the carpal tunnel, and medial epicondylar tenderness on palpation. The records document that the claimant has failed conservative care and is to proceed with right cubital tunnel and medial epicondylectomy surgery.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cubital Tunnel Release with medial epicondylectomy: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Guidelines - revised Chapter on Elbow Pain (2007) pages 36-37

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 36-37.

Decision rationale: Based on California ACOEM Updated Elbow Guidelines, the request for cubital tunnel release and medial epicondylectomy is not recommended as medically necessary. Operative process would not be indicated. The claimant's diagnosis has not been established as the electrodiagnostic studies of the upper extremities are negative for ulnar compression. An ACOEM Guideline criterion in regards to cubital tunnel release indicates need for firm establishment of diagnosis based on positive electrodiagnostic studies that correlate with clinical findings. At the recent clinical visit, the claimant was documented to have negative Tinel's testing at the elbow. There is also no documentation of conservative treatment for the medial epicondyle diagnosis other than use of a brace and medications. The requested surgical process would not be indicated. Therefore the request is not medically necessary.