

Case Number:	CM14-0166117		
Date Assigned:	10/09/2014	Date of Injury:	03/17/2014
Decision Date:	10/15/2014	UR Denial Date:	09/22/2014
Priority:	Expedited	Application Received:	10/08/2014

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 Hand Surgery and is licensed to practice in Texas. 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 injured worker is a 36-year-old male who reported an injury on 03/17/2014 due to cumulative trauma while performing normal job duties. The injured worker reportedly sustained an injury to his right elbow. The injured worker's diagnosis included lateral epicondylitis of the elbow. The injured worker's treatment history included an elbow brace, physical therapy and non steroidal anti-inflammatory drugs. The injured worker underwent an electrodiagnostic study on 07/11/2014 that documented the injured worker had a normal EMG with nerve conduction velocity studies revealing mild right sided carpal tunnel syndrome and peripheral neuropathy of the right ulnar sensory nerve. The injured worker had previously undergone an MRI of the right elbow dated 06/04/2014 that did not identify any significant abnormalities. The injured worker was evaluated on 08/15/2014. It was documented that the injured worker had ongoing right elbow pain over the medial and lateral aspect of the elbow. Physical findings included positive provocative testing with complaints of numbness all over the ulnar distribution, no evidence of instability and limited extension by 15 degrees. The injured worker's treatment plan included cubital tunnel release versus ulnar nerve transposition.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cubital Tunnel Release Versus Ulnar Nerve Transposition: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM.

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

Decision rationale: The American College of Occupational and Environmental Medicine recommend simple decompression for ulnar neuropathy for patients who have failed to respond to at least 3 to 6 months of conservative treatment for patients with objective findings consistent with the diagnosis and corroborated by electrodiagnostic study. The clinical documentation submitted for review does indicate that the injured worker has failed to respond to conservative treatments and has clinically evident ulnar nerve entrapments supported by an electrodiagnostic study. Therefore, Cubital Tunnel Release would be supported in this clinical situation. The American College of Occupational and Environmental Medicine recommend ulnar nerve transposition when there are electrodiagnostic studies supporting objective loss of function consistent with ulnar nerve entrapment when decompression is attempted and indications are felt to be present to support ulnar nerve transposition. The clinical documentation submitted for review does indicate that the patient would benefit from ulnar nerve decompression. The decision for Ulnar Nerve Transposition can be an intra-operative decision made by the surgeon. As such, the requested Cubital Tunnel Release Versus Ulnar Nerve Transposition is medically necessary and appropriate.