

Case Number:	CM14-0092206		
Date Assigned:	07/25/2014	Date of Injury:	12/15/2009
Decision Date:	10/06/2014	UR Denial Date:	05/29/2014
Priority:	Standard	Application Received:	06/18/2014

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:

37 year old female claimant with an industrial injury dated 12/15/09. Exam note 05/13/14 states the patient returns with four years of bilateral upper extremity numbness and tingling. The patient reports the left is worse than the right and the pain, and weakness are providing a burning sensation and is severe and constant. She reports wearing a brace at night which does help and she has not had therapy sessions yet. Physical exam demonstrates that the patient had a mildly limited range of motion of the neck when asked to do an extension, lateral rotation and flexion. The range of motion of the shoulder was noted as full elevation and of the elbow/ wrist was listed as full without pain. Range of motion of the thumb and digits were all full as well. There was paracervical tenderness prevalent during the cervical exam with a negative Lhermittes, and negative Spurlings. There was also no tenderness at the extensor origin and the flexor/pronator origin. Examination demonstrates a positive carpal tunnel Durkan's compression test, a negative Tinel's, and a positive Phalen's test. X-rays reveal that there were no abnormalities of the bilateral hands. The patient has signs and symptoms of bilateral carpal tunnel and bilateral cubital tunnel with a treatment plan that includes surgical release.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left ulnar nerve release versus anterior transposition left wrist/hand: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 45-46.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Elbow section, Surgery for cubital tunnel syndrome.

Decision rationale: CA MTUS/ACOEM is silent on the issue of surgery for cubital tunnel syndrome. According to the ODG, Elbow section, Surgery for cubital tunnel syndrome, indications include exercise, activity modification, medications and elbow pad and or night splint for a 3-month trial period. In this case there is insufficient evidence in the exam note from 5/13/14 that the claimant has satisfied these criteria in the cited records. In addition there are no electrodiagnostic studies supporting cubital tunnel in the records. Therefore the request of Left ulnar nerve release versus anterior transposition left wrist/hand is not medically necessary and appropriate.