

Case Number:	CM14-0212185		
Date Assigned:	01/02/2015	Date of Injury:	08/28/2013
Decision Date:	03/24/2015	UR Denial Date:	11/19/2014
Priority:	Standard	Application Received:	12/18/2014

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. 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

Certification(s)/Specialty: Orthopedic Surgery, Sports Medicine

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 08/28/2013. The mechanism of injury was not provided. The current diagnoses include left cubital tunnel syndrome, status post left carpal tunnel release, and status post right carpal tunnel release with Guyon's canal depression and submuscular ulnar nerve decompression on 01/24/2014. The injured worker presented on 10/24/2014 for a followup evaluation regarding the left upper extremity. The injured worker reported constant left elbow pain with difficulty sleeping. Upon examination, there was full range of motion of the bilateral elbows, tenderness with full flexion, pain directly behind the medial aspect of the left elbow into the cubital tunnel, positive Tinel's sign, and negative instability. Sensation was subjectively decreased along the small finger on the left compared to the right, as well as the ulnar border of the ring finger. Recommendations at that time included consideration for surgical intervention. There was no Request for Authorization form submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left Ulnar Nerve Transposition: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 25-26.

Decision rationale: The California MTUS/ACOEM Practice Guidelines state there should be clear clinical evidence and positive electrodiagnostic studies that correlate with clinical findings of ulnar nerve entrapment. In this case, there is a lack of documentation of ulnar nerve entrapment confirmed by positive electrodiagnostic studies. While it is noted that the injured worker has been previously treated with bracing, there is no documentation of a recent attempt at any conservative treatment in the form of active rehabilitation. Given the above, the request is not medically appropriate.