

Case Number:	CM15-0004404		
Date Assigned:	01/14/2015	Date of Injury:	07/22/2009
Decision Date:	03/20/2015	UR Denial Date:	12/12/2014
Priority:	Standard	Application Received:	01/07/2015

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 42 year-old-female who reported an injury on 07/22/2009 due to an unknown mechanism of injury. The injured worker reportedly sustained an injury to her bilateral upper extremities and cervical spine. The injured worker's treatment history included medications, physical therapy, epidural steroid injections, left carpal tunnel release, and a cubital tunnel injection of the left elbow. The injured worker's diagnoses included cubital tunnel syndrome bilaterally, carpal tunnel syndrome bilaterally, neck pain, and cervical radiculitis. The injured worker was evaluated on 12/08/2014. Physical examination findings included decreased sensation to pinprick and soft touch in the ulnar nerve distribution bilaterally and percussion of the cubital tunnels causing pain bilaterally with radiating symptoms. The injured worker had a positive Tinel's bilaterally at the cubital tunnel. The injured worker's treatment plan included cubital tunnel release due to persistent symptoms. A Request for Authorization was not submitted to support the request.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Bilateral Cubital Tunnel release, Endoscopic, possible open, left then right: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 44-49.

Decision rationale: The requested 1 bilateral cubital tunnel release, endoscopic, possible open, left then right is not medically necessary or appropriate. The American College of Occupational and Environmental Medicine recommend cubital tunnel release for patients who have signs and symptoms consistent with a diagnosis of cubital tunnel that have failed to respond to conservative treatments and are supported by an electrodiagnostic study. The clinical documentation does indicate that the injured worker has failed to respond to conservative treatment including a corticosteroid injection. However, the clinical documentation does not provide an electrodiagnostic study to support the surgical request. As such, the requested 1 bilateral cubital tunnel release, endoscopic, possible open, left then right is not medically necessary or appropriate.

1 possible of Ulnar Nerve transposition, submuscular with Z-lengthening Flexor Pronator mass (2cm), only if subluxation of the nerve as noted at the time release, left then right elbow: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 44-49.

Decision rationale: The requested 1 possible of ulnar nerve transposition, submuscular with z-lengthening flexor pronator mass (2cm), only if subluxation of the nerve as noted at the time release, left then right elbow is not medically necessary or appropriate. The American College of Occupational and Environmental Medicine recommend surgical intervention for cubital tunnel syndrome be supported by documentation of signs and symptoms consistent with the diagnosis that are supported by an electrodiagnostic study that have failed to respond to conservative treatment. The clinical documentation does indicate that the injured worker has signs and symptoms consistent with cubital tunnel bilaterally that have failed to respond to conservative treatment. However, there was no electrodiagnostic study submitted to support the request for surgery. As such, the request is not medically necessary.

1 Pre-Operative CBC: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.