

Case Number:	CM15-0113528		
Date Assigned:	06/19/2015	Date of Injury:	04/16/2014
Decision Date:	07/20/2015	UR Denial Date:	05/26/2015
Priority:	Standard	Application Received:	06/12/2015

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, Indiana, Oregon
Certification(s)/Specialty: Orthopedic Surgery

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 61 year old female sustained an industrial injury to the left elbow on 4/16/14. Previous treatment included bracing, splinting, elbow protector and medications. Documentation did not disclose previous diagnostics. In a PR-2 dated 4/5/15, the injured worker reported no change in symptoms with decreased left ulnar sensation. The injured worker was working at her usual and customary job. In a PR-2 dated 5/18/15, the injured worker complained of ongoing pain, numbness and tingling to the ring and little fingers. Physical exam was remarkable for positive Tinel's at the left elbow ulnar nerve with 5/5 motor strength. Current diagnoses included left elbow neuropathy. The treatment plan included anterior transposition of the left ulnar nerve.

IMR ISSUES, DECISIONS AND RATIONALES

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

Anterior transposition of the ulnar nerve: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 18.

Decision rationale: CA MTUS/ACOEM Elbow Complaints Chapter 10 (2007 supplement) page 18 states that focused NCS/EMG with inching technique is required for the accurate diagnosis of cubital tunnel syndrome. As there is no evidence of cubital tunnel syndrome on the EMG from 2014 the request is not medically necessary.