

Case Number:	CM15-0061105		
Date Assigned:	04/07/2015	Date of Injury:	05/07/2004
Decision Date:	05/11/2015	UR Denial Date:	03/11/2015
Priority:	Standard	Application Received:	03/31/2015

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:

The injured worker is a 61 year old female, who sustained an industrial injury on 5/7/2004. The current diagnoses are bilateral lateral elbow epicondylitis and bilateral carpal tunnel syndrome. According to the progress report dated 12/15/2014, electrodiagnostic studies revealed moderate bilateral carpal tunnel syndrome and moderate ulnar nerve entrapment of bilateral elbows. The current medications are Norco, Prilosec, Noritriptyline, Imitrex, Robaxin, and Anaprox. Treatment to date has included medication management, electrodiagnostic testing, and MRI studies. The plan of care includes right ulnar nerve transposition.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right ulnar nerve transposition: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Elbow.

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 records that the claimant has satisfied these criteria in the cited records. The clinic visit 2/12/15 make no mention of any conservative care for the elbow recommended in the ODG guidelines. Therefore, the requested procedure is not medically necessary.