

Case Number:	CM15-0065489		
Date Assigned:	04/13/2015	Date of Injury:	02/21/1995
Decision Date:	05/12/2015	UR Denial Date:	03/10/2015
Priority:	Standard	Application Received:	04/06/2015

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

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 77 year old female, who sustained an industrial injury on 2/21/95. The injured worker has complaints of bilateral wrist/hand pain. The diagnoses have included left hand osteoarthritis; left thumb carpometacarpal (CMC) degenerative joint disease. Treatment to date has included other counter nonsteroidal anti-inflammatory drugs (NSAIDs); physical therapy; steroid injections and hand X-rays. Exam 12/30/14 demonstrates severe 1st CMC joint arthritis. Exam 2/25/15 demonstrates pain in the left wrist and hand and left thumb. Positive Tinel's sign at the cubital tunnel and elbow flexion test on the left is noted. The request was for left elbow epicondyle debridement ulnar decompression with possible anterior transportation and left thumb carpometacarpal joint arthroplasty.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left elbow epicondyle debridement ulnar nerve decompression with possible anterior transposition: 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, 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 of 12/30/14 that the claimant has satisfied these criteria. Therefore, the determination is for non-certification. The request is not medically necessary.