

| | | | |
|-----------------------|--------------|------------------------------|------------|
| Case Number: | CM15-0069427 | | |
| Date Assigned: | 04/17/2015 | Date of Injury: | 05/30/2014 |
| Decision Date: | 05/20/2015 | UR Denial Date: | 03/24/2015 |
| Priority: | Standard | Application Received: | 04/13/2015 |

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 37 year old female, who sustained an industrial injury on 5/30/14. She reported pain in her left elbow related to prolonged lifting. The injured worker was diagnosed as having bilateral ulnar nerve entrapment, right carpal tunnel syndrome and right medial epicondylitis. Treatment to date has included an EMG study, physical therapy x 8 sessions, right lateral elbow surgery on 9/30/14 and pain medications. As of the PR2 dated 12/8/14, the injured worker reports an aggravation of pain in her right elbow due to the cold weather. She rates her pain at 7-9/10 without medications and 2/10 with medications. The treating physician noted the range of motion in the right elbow was slightly decreased and pain was present on all maneuvers of the elbow. The treating physician performed a steroid injection into the right medial epicondyle area at the visit. The treating physician requested a right ulnar nerve release surgery.

IMR ISSUES, DECISIONS AND RATIONALES

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

Surgery of release of right ulnar nerve: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

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 no EMG evidence of cubital tunnel syndrome. Therefor the request is not medically necessary.