

Case Number:	CM13-0002487		
Date Assigned:	11/08/2013	Date of Injury:	07/03/2012
Decision Date:	01/09/2014	UR Denial Date:	07/03/2013
Priority:	Standard	Application Received:	07/22/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Orthopedic Surgery, and is licensed to practice in California. 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 physician 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 claimant is a 52-year-old gentleman who sustained an injury to his right upper extremity on 07/03/12. An MRI scan of the right elbow from 06/13/13 showed common flexor tendinosis with marked osteoarthritic change along the lateral epicondyle and radial head. A 09/19/13 assessment documented subjective complaints of continued pain about the right medial elbow with grasping. Objective findings noted full range of motion of the elbow with a positive Tinel's sign at the elbow, diminished grip strength to the right upper extremity. The treating physician stated at that time that treatment consisted of a continued home exercise program. He had previously requested surgical intervention in the form of cubital tunnel release and medial epicondylectomy. It was noted that electrodiagnostic studies were "negative"; the reports of the studies were not available for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right timple cubital tunnel: 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): 37.

Decision rationale: Based on California ACOEM Guidelines, the role of cubital tunnel release in this case would not be supported. California ACOEM Guidelines in regards to ulnar nerve entrapment states that "establishing a firm diagnosis based on clear clinical evidence and positive electrodiagnostic studies correlating to clinical findings" would support the diagnosis. In this case, the claimant is with negative electrodiagnostic studies and as such there would not be support for the requested surgical intervention consisting of cubital tunnel release.

Epicondylar debridement: 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): 36.

Decision rationale: Based on California ACOEM Guidelines, a medial epicondylectomy cannot be supported. Guideline criteria states that the claimant needs to fail six months of care including "three to four different types of measures". The records document conservative care in the form of a home exercise program however there is nothing noted beyond that and lacking documentation of an adequate course of conservative care the requested surgical intervention to the elbow would not be considered as medically necessary.

EKG: Upheld

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

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

Decision rationale: Based on Official Disability Guidelines, California MTUS Guidelines are silent. An electrocardiogram would not be indicated. The request in this case is for preoperative assessment with EKG. The surgical process itself is not supported, thus negating the need for any preoperative intervention.

CXR: Upheld

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

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

Decision rationale: Based on Official Disability Guidelines, California MTUS Guidelines are silent. A chest x-ray would not be supported. As stated above, the role of the surgical intervention in this case has not been established, thus the need for this preoperative assessment would not be necessary at present.

Lab: CSC, CMP, PT/PTT, UA/UC: Upheld

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

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

Decision rationale: Based on Official Disability Guidelines, as California MTUS Guidelines are silent, laboratory testing as well as urinalysis would not be indicated. The request in this case is for preoperative assessment. The role of surgical intervention in this case has not yet been established, thus negating the need for this preoperative laboratory testing.