

Case Number:	CM13-0017747		
Date Assigned:	10/11/2013	Date of Injury:	02/17/2011
Decision Date:	01/23/2014	UR Denial Date:	08/14/2013
Priority:	Standard	Application Received:	08/28/2013

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 Orthopaedic 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 patient is a 33-year-old gentleman who sustained an injury to his left shoulder in a work related accident on 02/17/11. Specific to the elbow and the shoulder, there is documentation of a prior operative report of 05/04/13 for preoperative diagnosis of cubital tunnel syndrome stating the claimant underwent a cubital tunnel release and decompression, neurolysis of the ulnar nerve, medial epicondylectomy, common flexor revision reattachment, transposition of the ulnar nerve and application of a splint. A 07/30/13 assessment with [REDACTED], gave objective findings of 10 to 130 degrees of range of motion of the left elbow with tenderness over the medial and lateral epicondyle stating that the claimant is status post a left cubital tunnel release procedure. A formal course of physical therapy was recommended at that date. Specific to the shoulder, there was known to be a diagnosis of bilateral tendinosis with impingement with formal physical examination not performed. Imaging to the claimant's shoulder is not noted. Recent conservative care is not documented.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left cubital tunnel release: Overturned

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 left cubital tunnel release that occurred on 05/04/13 would be considered as medically necessary. The available records documented confirmatory evidence of ulnar pathology on electrodiagnostic studies and there was notation of a failed response to conservative care that took place over the required period of time, three to six months. Based on clear indication of ulnar nerve entrapment at the elbow, the role of surgical process that has already taken place on 05/04/13 appears to have been necessary.

Left shoulder subacromial decompression: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 211.

Decision rationale: Based on California ACOEM Guidelines, the left shoulder subacromial decompression would not be supported. The clinical records were lacking in documentation of imaging in this case to confirm or refute the diagnosis of symptomatic impingement and/or other internal findings. There was not a documented shoulder examination and no indication as to conservative care over the last three to six months which would be expected to include a corticosteroid injection. In the absence of exam and imaging to support a diagnosis of impingement, and in that there is not documentation of appropriate conservative care inclusive of steroid injection, the requested surgical intervention cannot be considered as medically necessary.