

Case Number:	CM13-0031347		
Date Assigned:	12/04/2013	Date of Injury:	11/08/2011
Decision Date:	02/19/2014	UR Denial Date:	09/03/2013
Priority:	Standard	Application Received:	10/03/2013

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 44-year-old female who was injured in a work related accident on November 8, 2011. The medical records for review contain an orthopedic reevaluation on August 17, 2013 that documented continued complaints of right cubital tunnel syndrome and that the claimant utilized conservative treatment with no significant relief. The report also documented that the claimant's pain was increasing. Physical objective findings showed restricted range of motion at the elbow with tenderness to palpation, positive numbness and tingling and a "positive cubital tunnel syndrome". Surgical intervention of a cubital tunnel release and postoperative physical therapy were recommended. It was documented that electrodiagnostic studies performed in December of 2011 and May of 2013 showed "borderline left carpal tunnel syndrome and right ulnar neuropathy", but the formal reports 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:

Cubital Tunnel Release and Therapy: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 32, Postsurgical Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 37, Postsurgical Treatment Guidelines.

Decision rationale: Based on California MTUS ACOEM 2007 Guidelines for the Elbow and the California MTUS Postsurgical Rehabilitative 2009 Guidelines, the proposed surgery and therapy cannot be supported. While it is indicated that the claimant has failed "conservative care", specific forms of care were not identified; specifically there is no documentation of three months of a trial period of splinting or a total of six months of conservative measures as a whole. When taking into the account the above as well as the lack of electrodiagnostic studies for review, the specific request in this case would not be deemed medically necessary. In light of the fact the surgery cannot be recommended, the postoperative therapy would not be medically necessary.