

Case Number:	CM13-0036920		
Date Assigned:	12/13/2013	Date of Injury:	03/25/1996
Decision Date:	04/18/2014	UR Denial Date:	09/25/2013
Priority:	Standard	Application Received:	10/21/2013

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. The expert reviewer is Board Certified in Physical Medicine & Rehabilitation and is licensed to practice in Illinois. 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/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 52 year old female that reported an injury on 03/25/1996. The mechanism of injury was not provided in the medical records. The clinical noted 08/13/2013 noted that the patient complained of right elbow pain. The note stated symptoms of painful pronation or supination, stiffness and right elbow pain. Numbness was reported in the small finger. Examination noted exquisite tenderness and over the lateral condyle right side, elbow flexion test was positive on the right, and positive Tinel's sign. Surgical history includes ulnar nerve release times two (dates not provided), carpal tunnel right 1996, right ulnar nerve release 1996, total hysterectomy in 2008. It was noted that the first ulnar nerve release provided no relief but the second one provided great relief. Medications include Atorvastatin Calcium 20 mg, Pantoprazole 40 mg, Ciprofloxacin HCl 500mg tablet, Hydrocodone-Acetaminophen 10/325 mg, Lidoderm %5 patches, Prednisone 5 mg, and Nortriptyline HCl 10 mg.

IMR ISSUES, DECISIONS AND RATIONALES

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

NCS FOR RIGHT UPPER EXTREMITY: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 268-269.

Decision rationale: California MTUS/ACOEM states that for most patients presenting with a true hand or wrist problems, special studies are not needed until after a 4- to 6-week period of conservative care and observation. The patient is noted to have positive Tinel's on the right. The patient also has typical complaints for cubital tunnel syndrome and decreased sensation. The provider plans surgery. The patient has a history of surgery and an NCV can confirm diagnosis and/or prevent unnecessary surgery. Therefore, the request is certified.