

Case Number:	CM13-0037820		
Date Assigned:	07/23/2014	Date of Injury:	10/23/2003
Decision Date:	08/27/2014	UR Denial Date:	10/10/2013
Priority:	Standard	Application Received:	10/24/2013

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 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 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:

52 year old male claimant with an industrial injury dated 06/15/11. Exam note 1/5/13 demonstrates complaints of pain and numbness in the left hand and pain in the elbow radiating in to the fingers despite medications. Exam demonstrates positive Phalen's and Tinel's sign with swelling over the left hand over the volar wrist and decreased grip strength. Exam note 06/27/13 states the patient returns with a chief complaint of neck, left elbow, left wrist, and low back pain. Current medications include Flexeril, and Vicodin. Physical exam demonstrates the patient had no evidence of swelling surrounding the Para Cervical muscles or tenderness/spasms around the spine or neck. Treatment includes a left elbow and left wrist surgery and to continue use of medications to help with pain relief. Electromyography (EMG) bilateral upper extremities from 10/18/11 demonstrate moderate left median neuropathy and slight left ulnar neuropathy.

IMR ISSUES, DECISIONS AND RATIONALES

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

EXPLORATION LEFT ELBOW RELEASE; LEFT ULNAR NERVE AND RELEASE:
Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 604.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Elbow section, Surgery for cubital tunnel syndrome.

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 insufficient evidence in the records that the claimant has satisfied these criteria in the cited records from 1/5/13.

LEFT WRIST CARPAL TUNNEL RELEASE: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 265, 270.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 270.

Decision rationale: Per the CA MTUS/ACOEM guidelines, Chapter 11 Forearm, Wrist and Hand Complaints page 270, Electro Diagnostic testing is required to evaluate for carpal tunnel and stratify success in carpal tunnel release. In addition, the guidelines recommend splinting and medications as well as a cortisone injection to help facilitate diagnosis. In this case there is lack of evidence in the records of failed bracing or injections in the records.

FACILITY OUTPATIENT: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.