

Case Number:	CM13-0042805		
Date Assigned:	12/27/2013	Date of Injury:	09/04/2012
Decision Date:	03/12/2014	UR Denial Date:	10/01/2013
Priority:	Standard	Application Received:	10/18/2013

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 patient is a 70-year-old gentleman who was injured in a work related accident on 09/04/12. Clinical records provided for review included a 09/24/13 reassessment at which time it was documented that the claimant was nine months following an open reduction internal fixation of a right distal humeral fracture as well as a prior right shoulder manipulation under anesthesia. It was noted that the claimant continued with complaints of pain, despite conservative care that included physical therapy. Physical examination did not document findings from an orthopedic point of view. There was, however, a request for manipulation under anesthesia of the shoulder as well as prior hardware removal. The operative report of 02/01/13 documented the procedure of manipulation under anesthesia to both the right elbow and the shoulder with open reduction internal fixation of the right supracondylar fracture of the distal humerus with bone grafting. The clinical records for review did not include electrodiagnostic studies or recent exam findings. There is a request for a second manipulation under anesthesia of the elbow, postoperative need of physical therapy, and the role of an assistant surgeon as well as a cubital tunnel release to the elbow.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cubital Tunnel Release: 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 MTUS Elbow 2007 Guidelines, the cubital tunnel release procedure would not be indicated. While it is noted that the claimant has a complex history of discomfort to both the shoulder and the elbow on subjective assessment, there is currently no documentation of electrodiagnostic studies to confirm the diagnosis of cubital tunnel syndrome or conservative care aimed at treatment for the diagnosis of cubital tunnel syndrome to support the role of this surgical process in questions. This specific request in this case would not be supported.

Manipulation Under Anesthesia: 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)-- Official Disability Guidelines Treatment in Worker's Comp, 18th Edition, 2013 Updates: shoulder procedure - Manipulation under anesthesia (MUA).

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

Assistant Surgeon: 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 Other Medical Treatment Guideline or Medical Evidence: Milliman Care Guidelines 17th edition: assistant surgeon Assistant Surgeon Guidelines (Codes 64712 to 65135) CPT® Y/N Description 64718 N Neuroplasty and/or transposition; ulnar nerve at elbow.

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

Post Op Physical Therapy: Upheld

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

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

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