MAXIMUS Federal Services

Case Number:	CM13-0044106		
Date Assigned:	12/27/2013	Date of Injury:	06/04/2008
Decision Date:	04/25/2014	UR Denial Date:	10/18/2013
Priority:	Standard	Application Received:	10/28/2013

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:

Patient is a 29 year old female with an industrial injury on 6/4/08. Patient was diagnosed with right ulnar nerve subluxation and cubital tunnel syndrome with 85% loss of sensation of the ulnar digits on the right hand. An elctrodiagnostic study on 7/21/11 was normal with no evidence of a compressive neoropathy. Another elctrodiagnostic study on 5/20/13 revealed normal distal latencies and conduction velocities across all tested segments. An EMG of all tested muscles was also normal. There was no electrical evidence of carpal tunnel compression in either wrist or of ulnar neuropathy at the cubital tunnel or Guyon's canal on either side. There was no evidence of any generalized peripheral neoropathy of either extremity and no evidence of a cervical radiculopathy. Exam noted normal sensation to light touch throughout the upper extremities and nergative proactive testing at the wrist and elbow. On 5/23/13 an ultrasound of the right elbow revealed edema of the right ulnar nerve with subluxation. Exam notes from 9/23/13 demonstrate failure of all attempts of conservative management including physical therapy, acupuncture, bracing, medications and passage of time. Exam notes from 11/21/13 demonstrate elbows have decreased sensation along the bilateral ulnar nerve distribution. Tinel's, Cozen's and reverse Cozen signs were all positive. Exam showed tendernes of wrists over first extensor compartnement and positive Finkelstein's test.Exam notes from 12/30/13 demonstrate patient has numbness and tingling sensations to the small finger daily. Increased difficulty with gripping and grasping was noted. Request for right elbow open exploration and submuscular transposition with neurolysis of the rightulnar nerve.

IMR ISSUES, DECISIONS AND RATIONALES

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

ONE (1) RIGHT ELBOW OPEN EXPLORATION AND SUBMUSCULAR TRANSPOSITION WITH NEUROLYSIS OF THE RIGHT ULNAR NERVE: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 37.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 45-47.

Decision rationale: There is no electrodiagnostic evidence of cubital tunnel syndrome in the records to support cubital tunnel release per the ACOEM/ODG criteria. Therefore determination is for non-certification.

ONE (1) STANDARD PRE-OPERATIVE MEDICAL CLEARANCE: 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): 45-47.

Decision rationale: As the surgical procedure is non-certified, the determination for standard preoperative medical clearance is non-certified.

UNKNOWN SUPERVISED POST-OPERATIVE REHABILITATIVE THERAPY SESSIONS: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management, Chapter 10 Elbow Disorders (Revised 2007) Page(s): 45-47.

Decision rationale: As the surgical procedure is non-certified, the determination for postoperative rehabilitative therapy sessions is non-certified.

NINETY (90) DAYS RENTAL OF SURGI-STIM UNIT: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines SURGI-STIM UNIT.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 45-47.

Decision rationale: As the surgical procedure is non-certified, the determination for surgi-stim unit is non-certified.

ONE (1) COOLCARE COLD THERAPY UNIT: 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): 45-47.

Decision rationale: As the surgical procedure is non-certified, the determination for coolcare cold therapy unit is non-certified.