

Case Number:	CM13-0050833		
Date Assigned:	12/27/2013	Date of Injury:	06/24/2010
Decision Date:	05/19/2014	UR Denial Date:	10/18/2013
Priority:	Standard	Application Received:	11/13/2013

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:

The claimant is a 47-year-old female who injured the upper extremities in a work-related accident on 6/24/10. The records for review included a clinical report dated 9/23/13 that noted ongoing complaints of pain in the right elbow and hand with triggering of the third digit. Examination documented a positive Tinel's sign at the elbow medially, tenderness over the medial epicondyle, and triggering of the third finger with diminished grip strength. The report of the 8/14/13 electrodiagnostic studies documented that the upper extremities were unremarkable with a normal study noted. The clinical report on 9/23/13 documented that treatment to date had included bracing, physical therapy, medication management and previous injections of the wrist and elbow.

IMR ISSUES, DECISIONS AND RATIONALES

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

RIGHT CUBITAL TUNNEL RELEASE: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 18-19. Decision based on Non-MTUS Citation Official Disability Guidelines.

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

Decision rationale: The California ACOEM Elbow guidelines do not support the request for cubital tunnel release procedures. In this instance the documentation indicates that the claimant has negative electrodiagnostic studies. The negative electrodiagnostic studies would fail to clinically correlate the requested surgical process with the claimant's current physical exam findings. The absence of positive electrodiagnostic studies to confirm the above diagnosis would fail to necessitate the acute need of surgery. The request is not medically necessary.

RIGHT 3RD DIGIT TRIGGER FINGER RELEASE: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 271.

Decision rationale: The California ACOEM guidelines would not support the request for a third trigger finger release. The records in this case fail to document that the claimant has received specific injection therapy to the third trigger finger A1 pulley as recommended by the ACOEM guidelines. The lack of documentation of prior injections would fail to satisfy the ACOEM guideline for the above treatment. As such, the request is not medically necessary.

"Associated surgical service" DME: TENNIS ELBOW STRAP, WRIST SUPPORT:
Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007). Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 28.

Decision rationale: The California ACOEM elbow guidelines would not support the use of a tennis elbow strap for this claimant. Although the ACOEM elbow guidelines support using a tennis elbow strap for lateral epicondylitis, the claimant is diagnosed with cubital tunnel syndrome. Tennis elbow straps are specific for a diagnosis of epicondylitis with limited evidence to support their efficacy and long-term use. The acute need of a tennis elbow brace for the claimant's current working diagnosis of cubital tunnel syndrome would thus not be supported as medically necessary.