

Case Number:	CM13-0051150		
Date Assigned:	12/27/2013	Date of Injury:	09/13/2012
Decision Date:	04/04/2014	UR Denial Date:	10/22/2013
Priority:	Standard	Application Received:	11/14/2013

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 claimant is a 25-year-old female who injured her left upper extremity in a work related accident on September 13, 2012. The clinical records indicated that the claimant was status post a prior cubital tunnel decompression. The records included a September 26, 2013 re-assessment noting a diagnosis of failed subcuticular transposition of the ulnar nerve documenting that she was never happy with the postoperative results. The re-assessment documented that the claimant was a candidate for a re-release of the ulnar nerve and neurolysis given her ongoing complaints. Physical examination showed diminished grip strength on the left with positive Tinel's testing along the ulnar nerve with paraesthesias and numbness extending into the ring and small digit. The report of postoperative electrodiagnostic studies dated March 12, 2013 showed very mild left motor ulnar neuropathy at the elbow consistent with cubital tunnel syndrome. Further electrodiagnostic testing or clinical findings were not noted.

IMR ISSUES, DECISIONS AND RATIONALES

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

a re-release of the left ulnar nerve cubital tunnel: 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 the California MTUS ACOEM Elbow Guidelines, surgical release of the cubital tunnel is not indicated. The clinical records only provide electrodiagnostic studies that are nearly one year old that document "mild" cubital tunnel syndrome highly consistent with the claimant's postsurgical process. At present, there is no clinical documentation of recurrent or ongoing electrodiagnostic evidence to support for the role of a repeat procedure. While it is understood that the claimant continues to be symptomatic the lack of this documentation would fail to support the need for a revision procedure. Therefore, the request is not medically necessary or appropriate.

post operative occupational therapy, two (2) times a weeks for four (4) weeks: 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: Based on the California MTUS Post Surgical Rehabilitative Guidelines physical therapy in the postoperative setting is not indicated, as the need for operative intervention has not been established.