MAXIMUS Federal Services

Case Number:	CM13-0052704		
Date Assigned:	01/29/2014	Date of Injury:	05/08/2009
Decision Date:	05/12/2014	UR Denial Date:	10/14/2013
Priority:	Standard	Application Received:	11/18/2013

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 Occupational Medicine 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 applicant is a represented [redacted] employee who has filed a claim for cubital tunnel syndrome, low back pain, and medial epicondylitis reportedly associated with an industrial injury of May 8, 2009. Thus far, the applicant has been treated with analgesic medications, attorney representation, transfer of care to and from various providers in various specialties and extensive periods of time off of work, on total temporary disability. In a utilization review report of October 15, 2013, the claims administrator denied request for preoperative medical clearance. The claims administrator apparently predicated the denial on the fact that the proposed cubital tunnel release surgery was also denied. Non-MTUS ODG Guidelines which did not address the topic were cited. The applicant's attorney subsequently appealed. An echocardiogram report of March 6, 2013 is notable for normal left ventricular systolic function with estimated ejection fraction of 66%. On August 21, 2013, the applicant's primary treating provider noted that the applicant had ongoing issues with elbow and moderate low back pain. A positive Tinel sign is noted at the elbow. The applicant was asked to consult a spine surgeon, pursue a cubital tunnel release surgery versus medial epicondylar repair, and obtain an MRI of the elbow. The applicant was again placed off of work. On November 6, 2013, the applicant's neurosurgeon stated that the applicant was considering lumbar spine surgery and a CT diskogram, noting that the applicant had failed to respond favorably to conservative treatment measures including earlier epidural steroid injection therapy for a reported diagnosis of L5 lumbar radiculopathy. The applicant does have comorbidities including hypertension, reflux, and psychological stress issues, it was stated.

IMR ISSUES, DECISIONS AND RATIONALES

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

PREOPERATIVE MEDICAL CLEARANCE: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Medscape, Preoperative Evaluation and Management.

Decision rationale: The California MTUS does not address the topic. As noted by Medscape, the preoperative consultation evaluation is an important interaction between the physician and applicant. The additional time invested in a preoperative evaluation yields in improved physician-applicant relationship and can reduce postoperative complications. In this case, the applicant is apparently actively contemplating both an elbow cubital tunnel release surgery and a lumbar spine surgery. The applicant does have medical comorbidities including hypertension. Obtaining the added expertise of a physician who can stratify the applicant's degree of postoperative/perioperative risks is therefore indicated and appropriate in light of the fact that the applicant is apparently actively contemplating two separate surgical procedures. Therefore, original utilization review decision is overturned. The request is certified, on independent medical review.