

Case Number:	CM13-0070401		
Date Assigned:	01/22/2014	Date of Injury:	02/05/2002
Decision Date:	05/29/2014	UR Denial Date:	12/06/2013
Priority:	Standard	Application Received:	12/24/2013

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 patient reported an industrial injury 2/5/102 and 10/11/10. Exam note from 4/9/13 demonstrates complaint of bilateral hand numbness and tingling including ring and small fingers and pain in bilateral thenar eminence and volar aspects of the wrists. Report of weakness and dropping objects. EMG study 5/11/2 demonstrates mild bilateral cubital tunnel syndrome. Exam note from 11/11/13 reports left cubital tunnel is symptomatic and has not responded to conservative management. Request for open cubital tunnel release with ulnar nerve transposition.

IMR ISSUES, DECISIONS AND RATIONALES

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

APPLICATION OF LONG ARM SPLINT, LEFT UPPER EXTREMITY: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Elbow Chapter

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: As the surgical procedure is not medically necessary the decision for long arm splint, left upper extremity is not medically necessary and appropriate.

POST-OPERATIVE OCCUPATIONAL THERAPY, TWICE A WEEK FOR FIVE WEEKS: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: Postsurgical Treatment Guidelines, ,

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: As the surgical procedure is not medically necessary the decision for postoperative occupational therapy, twice a week for 5 weeks is not medically necessary and appropriate.

POST-OPERATIVE NORCO 10/325 MG QUANTITY 10 1-2 PO Q 4-6 PRN: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: Chronic Pain Medical Treatment Guidelines, ,

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: As the surgical procedure is not medically necessary the decision for postoperative Norco 10/325 Quantity 10, 1-2 PO Q4-6 prn is not medically necessary and appropriate.

POST-OPERATIVE KEFLEX 500MG QUANTITY 20 1 PO QID, 5 DAYS: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: As the surgical procedure is not medically necessary the decision for post operative Keflex 500 mg Quantity 20, 1 PO QID for 5 days is not medically necessary and appropriate.

LEFT ULNAR NERVE OPEN RELEASE AT THE CUBITAL CANAL, LEFT ULNAR NERVE TRANSPORTATION AND Z-PLASTY TENDON TRANSFER OF FLEXOR PRONATOR AT ORIGIN OF FOREARM: 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 (ODG), Elbow

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

Decision rationale: CA MTUS/ACOEM states there must be a firm diagnosis on the basis of clinical findings and positive electrical studies correlating with the patient. In this case the patient has mild cubital tunnel syndrome on EMG and examination from 4/9/13 demonstrating numbness throughout the hand. Therefore the request for Left Ulnar Nerve Open Release at the Cubital Canal, Left Ulnar Nerve Transposition and Z-Plasty Tendon Transfer of Flexor Pronator at Origin of Forearm is not medically necessary and appropriate.