

Case Number:	CM14-0001048		
Date Assigned:	01/22/2014	Date of Injury:	01/31/2011
Decision Date:	06/20/2014	UR Denial Date:	12/12/2013
Priority:	Standard	Application Received:	01/02/2014

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 Hand Surgery and is licensed to practice in Texas. 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 injured worker is a 48-year-old male who reported an injury on 01/31/2011. The mechanism of injury was not specifically stated. The current diagnosis is strain of the right forearm. The injured worker was evaluated on 09/06/2013. The injured worker reported persistent right upper extremity pain. Physical examination of the right elbow revealed tenderness to palpation of the lateral epicondyle, negative Mill's testing, and normal range of motion. Treatment recommendations at that time included continuation of current medication. The injured worker underwent an electrodiagnostic study on 09/25/2013, which indicated a slight right ulnar neuropathy at the level of the elbow.

IMR ISSUES, DECISIONS AND RATIONALES

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

ULNAR NERVE DECOMPRESSION OF THE RIGHT ELBOW: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 44-49.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 44-49.

Decision rationale: The California MTUS/ACOEM Practice Guidelines state a referral for surgical consultation may be indicated for patients who have significant limitation of activity for

more than 3 months, failed to improve with exercise programs, and clear clinic and electrophysiologic or imaging evidence of a lesion. As per the documentation submitted, the injured worker demonstrated full range of motion with only tenderness to palpation. There is no documentation of significant activity limitation. Additionally, it is noted on 02/05/2014, the injured worker declined surgical intervention. Based on the clinical information received, the request is not medically necessary.