

Case Number:	CM14-0005551		
Date Assigned:	07/25/2014	Date of Injury:	08/28/2012
Decision Date:	08/28/2014	UR Denial Date:	10/29/2013
Priority:	Standard	Application Received:	01/15/2014

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 Occupational Medicine and is licensed to practice in Occupational Medicine. 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:

This patient is a 54 year old male who developed bilateral hand discomfort and numbness while commercial driving. His date of injury is reported to be 8/28/12. He has had greater than 12 months of conservative care which included physical therapy, acupuncture, Non-steroidal Anti-Inflammatory Drugs (NSAIDs) and splinting. Symptoms have worsened over time with recently reported intrinsic hand muscle atrophy on the left side. Electrodiagnostics are reported to be consistent with bilateral cubital tunnel syndrome and right carpal tunnel syndrome. The severity of the nerve damage is unknown as the actual electrodiagnostic report was not available for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left Cubital tunnel release: Overturned

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 270. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Elbow, Surgery Cubital Tunnel.

Decision rationale: The MTUS Guidelines do not address this issue with adequate details. The ACOEM recommends referral to a hand specialist if symptoms persist, but does not list the criteria for surgery. The ODG Guidelines provide additional details regarding the medical necessity for surgery and the patient has met the Guideline criteria for Surgery. The recommended conservative care prior to consideration of surgery has been trialed without success and the symptoms have worsened over time. In addition, the presence of atrophy adds some urgency to the surgery and a continued several month delay to continue non-beneficial conservative care is not warranted. The request for left sided cubital tunnel release is medically necessary.