

Case Number:	CM14-0106108		
Date Assigned:	07/30/2014	Date of Injury:	02/21/2002
Decision Date:	08/29/2014	UR Denial Date:	06/11/2014
Priority:	Standard	Application Received:	07/09/2014

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 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 is a 67-year-old female who was injured on 02/21/02. The clinical records provided for review pertaining to the claimant's left elbow include the 11/13/02 electrodiagnostic studies showing left ulnar conduction delay at the elbow. There was no current electro diagnostic studies for review. The clinical records failed to document any clinical findings from 2002 moving forward. There is a recommendation based on the claimant's current clinical presentation of worsening elbow pain and radiating pain to the ring and small finger for left elbow ulnar neuropathy and epicondylectomy. There is no documentation of recent conservative care provided to the claimant. California ACOEM Guidelines would not support the role of ulnar neuropathy and epicondylectomy. This individual's clinical records fail to demonstrate recent electrodiagnostic studies to support or refute diagnosis of cubital tunnel syndrome. There is also no current indication of conservative measures focused on the claimant's diagnosis of cubital tunnel syndrome or medial epicondylitis to support the acute need of an operative procedure. Request in this case would not be indicated. California MTUS postsurgical rehabilitative guidelines would not support physical therapy as the need for operative intervention in this case has not been established.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left elbow ulnar neuroplasty and epicondylectomy: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 37.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 36-37.

Decision rationale: California ACOEM Elbow Update Guidelines would not support the role of left elbow ulnar neuroplasty and epicondylectomy. This individual's clinical records fail to demonstrate recent electrodiagnostic studies to support or refute the diagnosis of cubital tunnel syndrome. There is also no current indication of conservative measures focused on the claimant's diagnosis of cubital tunnel syndrome or medial epicondylitis to support the acute need of an operative procedure. Request in this case would not be indicated.

12 Post op occupational therapy sessions:

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 (Acute & Chronic).

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

Decision rationale: California MTUS postsurgical rehabilitative guidelines would not support physical therapy as the need for operative intervention in this case has not been established.