

Case Number:	CM14-0120334		
Date Assigned:	08/13/2014	Date of Injury:	06/16/2011
Decision Date:	09/18/2014	UR Denial Date:	07/01/2014
Priority:	Standard	Application Received:	07/28/2014

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:

This is a 60 year old male claimant with reported industrial injury of 6/11/11. Electrodiagnostic studies from 2/15/13 demonstrate persistent bilateral carpal tunnel syndrome and persistent cubital tunnel syndrome. No significant progression is noted of cubital tunnel compared with 5/25/12. Exam note 6/24/14 demonstrates report of bilateral hand and wrist pain and numbness that he attributes to heavy work repetitively. Complaints of numbness and burning. Exam demonstrates severely positive Tinel's at the left cubital tunnel. No documentation in the records of use of elbow pads or night splinting for 3 month trial period.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left Ulnar Nerve Decompression: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM 2007 Guidelines, pages 36-38, Official Disability Guidelines: Elbow Chapter.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODGSurgery for cubital tunnel syndrome.

Decision rationale: CA MTUS/ACOEM is silent on the issue of surgery for cubital tunnel syndrome. According to the ODG, Elbow section, Surgery for cubital tunnel syndrome,

indications include exercise, activity modification, medications and elbow pad and or night splint for a 3-month trial period. In this case there is insufficient evidence in the records from 6/24/14 that the claimant has satisfied these criteria in the cited records. Therefore the determination is not medically necessary.

Post OP Physical Therapy with Spoc Physical Therapy dept 2x6=12: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

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

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.