

Case Number:	CM14-0135012		
Date Assigned:	08/29/2014	Date of Injury:	07/03/2012
Decision Date:	10/02/2014	UR Denial Date:	07/24/2014
Priority:	Standard	Application Received:	08/21/2014

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 52 year old male claimant with an industrial injury dated 07/02/12. Electrodiagnostic testing 8/27/12 does not demonstrate cubital tunnel. Exam note 05/16/14 states the patient returns with a flare-up of medial-sides right elbow pain. In the physical exam the patient completed an extension lacking 20 degrees, with a flexion of 115 degrees. The patient had a full pronation and full supination, along with tenderness over the medial epicondyle. Xrays demonstrate degenerative change to the elbow; but no fracture or dislocation. Exam note 06/27/14 states the patient returns with right elbow pain that is radiating down to the forearm. The patient is status post a lidocaine injection in which he reports did help with pain relief for a short period of time. Physical exam demonstrates the patient had a positive Tinel's over the cubital tunnel. The patient had tenderness over the medial epicondyle, and there was no palpate of a subluxating ulnar nerve. Diagnosis is listed as right elbow osteoarthritis, right elbow medial epicondylitis, and right elbow cubital tunnel despite negative nerve study findings. Treatment plan includes a right elbow medial epicondylar debridement and cubital tunnel release.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right simple cubital tunnel release, medial epicondylar debridement of elbow: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG) Surgery 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 6/27/14 that the claimant has satisfied these criteria in the cited records. In addition the electrodiagnostic testing from 8/27/12 does not demonstrate cubital tunnel. Therefore the request is not medically necessary and appropriate.

Pre op EKG: 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 requested surgical procedure is not medically necessary, none of the associated services are medically necessary and appropriate.

Lab works: 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 requested surgical procedure is not medically necessary, none of the associated services are medically necessary and appropriate.

Medical clearance: 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 requested surgical procedure is not medically necessary, none of the associated services are medically necessary and appropriate.