

Case Number:	CM14-0157356		
Date Assigned:	09/30/2014	Date of Injury:	02/26/2012
Decision Date:	10/28/2014	UR Denial Date:	08/27/2014
Priority:	Standard	Application Received:	09/25/2014

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 Plastic Surgery and Hand Surgery and is licensed to practice in Oregon. 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 29-year-old female who sustained a work injury on 2/26/12 while carrying objects at work. Sensory exam was normal. A steroid injection into her cubital tunnel provided temporary relief. Electrodiagnostic studies were normal on two occasions. Cubital tunnel release is planned.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right Cubital Tunnel Release: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007), Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 270; 609; 240. Decision based on Non-MTUS Citation Official Disability Guidelines regarding cubital tunnel surgery

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 240.

Decision rationale: According to the ACOEM guidelines, Chapter 10 page 240, "Surgery for ulnar nerve entrapment is indicated after establishing a firm diagnosis on the basis of clear clinical evidence and positive electrical studies that correlate with clinical findings. A decision to operate presupposes that a significant problem exists, as reflected in significant activity

limitations due to the specific problem and that the patient has failed conservative care, including use of elbow pads, removing opportunities to rest the elbow on the ulnar groove, workstation changes (if applicable), and avoiding nerve irritation at night by preventing elbow flexation while sleeping." The ACOEM guidelines require positive electrical studies, and the patient's electrical studies are negative x 2.

Anesthesia, Local Sedation: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 240.

Decision rationale: The ulnar nerve release is not medically necessary. Therefore, the requires for anesthesia with local sedation is not necessary.

Post-Op Occupational Therapy x 12: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Post-surgical therapy.

Decision rationale: MTUS allows for up to 20 sessions following cubital tunnel release, but in this case, the cubital tunnel release is not necessary, and therefore therapy is not necessary.

DME: Post-Op Splint/Elbow Pad: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, regarding splinting

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 236.

Decision rationale: ACOEM supports splinting for short durations, but the requested cubital tunnel release is not medically necessary and therefore splinting is not medically necessary.