

Case Number:	CM14-0025208		
Date Assigned:	06/16/2014	Date of Injury:	10/14/1999
Decision Date:	08/05/2014	UR Denial Date:	02/04/2014
Priority:	Standard	Application Received:	02/27/2014

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 Georgia and Texas. 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 injured worker is a 65-year-old who reported an injury on October 14, 1999. The mechanism of injury involved repetitive work activity. The current diagnoses include status post bilateral carpal tunnel release with residual neurological symptoms, wrist pain with questionable internal derangement, and bilateral cubital tunnel syndrome. The injured worker was evaluated on January 15, 2014. It is noted that the injured worker is status post bilateral carpal tunnel release with residual symptoms. The injured worker developed cubital tunnel syndrome confirmed by positive nerve conduction studies. The injured worker also developed triggering of the left ring finger which was treated with a corticosteroid injection. Physical examination was not provided on that date. Treatment recommendations included a release of the left cubital tunnel and A-1 pulley of the left ring finger under local anesthesia as an outpatient. It is noted that the injured worker underwent electrodiagnostic studies on October 18, 2013 which indicated evidence of mild right and moderate left carpal tunnel syndrome without any evidence of cervical radiculopathy or other nerve entrapment in the bilateral upper extremities.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left cubital release: 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): 44-49.

Decision rationale: The Elbow Disorders Chapter of the American College of Occupational and Environmental Medicine (ACOEM) Practice Guidelines state a referral for surgical consultation may be indicated for patients who have significant limitations of activity for more than 3 months, fail to improve with exercise programs, and have clear clinical and electrophysiologic or imaging evidence of a lesion. As per the documentation submitted, the injured worker has been previously treated with a corticosteroid injection for left ring finger triggering. However, there was no mention of an attempt at conservative treatment for the left elbow. There was no electrodiagnostic evidence of cubital tunnel syndrome. There was no physical examination provided on the requesting date of January 15, 2014. Therefore, the request for a left cubital release is not medically necessary or appropriate.

Post-operative occupational therapy, three days weekly for four weeks: 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: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

Post-operative splinting: 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: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.