

Case Number:	CM14-0032406		
Date Assigned:	06/23/2014	Date of Injury:	10/21/2010
Decision Date:	08/05/2014	UR Denial Date:	03/13/2014
Priority:	Standard	Application Received:	03/14/2014

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 and Utah. 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 29-year-old female who reported an injury on 10/21/2010 due to cumulative trauma while performing normal job duties. The injured worker's treatment history included right ulnar nerve decompression in 10/2013. The injured worker underwent an electrodiagnostic study on 06/28/2013 that documented there was evidence of right mild compression of the ulnar nerve. However, no abnormalities of the left upper extremity were noted. The injured worker was evaluated on 03/05/2014. Physical findings included positive Tinel's sign at the level elbow, a positive flexion test at the left elbow, and decreased sensation at the small and ring fingers. A request was made for left ulnar release at the elbow. The injured worker was again evaluated on 04/09/2014. It was documented that the treating provider's request for surgical intervention was not authorized. It was noted that an Agreed Medical Evaluator board certified in hand specialties is in agreement with the treating provider that left upper extremity surgical intervention was supported as the patient had a good response from the previous right upper extremity surgical intervention. It was noted that the injured worker's left sided deficits were consistent with injured worker's presurgical right-sided deficits. An additional request was made for surgical intervention.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left ulnar nerve release at the elbow, preop medical clearance: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 36-38. Decision based on Non-MTUS Citation Official Disability Guidelines(ODG):Elbow Chapter; ODG Indications for surgery--Surgery for cubital tunnel syndrome:Initial conservative treatment.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 42-43. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, Pre-Operative Testing (general).

Decision rationale: The requested left ulnar release at the elbow with preoperative clearance is not medically necessary or appropriate. The American College of Occupational and Environmental Medicine recommend surgical intervention for the elbow when there is physical limitations documented upon examination supported by an electrodiagnostic or imaging study of a lesion that would benefit both long-term and short-term from surgical intervention that has failed to respond to conservative treatment. The clinical documentation submitted for review does not specifically identify what conservative treatment has been applied to the left upper extremity. Additionally, the clinical documentation does not provide an electrodiagnostic study that supports deficiencies of the left upper extremity. California Medical Treatment Utilization Schedule do not address preoperative medical clearance. However, Official Disability Guidelines do not recommend routine use of preoperative lab testing. The clinical documentation fails to identify any comorbidities or complicating risk factors that could contribute to intraoperative or postoperative complications. Therefore, the need for a preoperative medical clearance for this ambulatory outpatient surgery would not be indicated. As such, the requested left ulnar nerve release at the elbow and preoperative medical clearance is not medically necessary or appropriate.

Preop medical clearance including chest x-ray, EKG and labs: 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.