

Case Number:	CM14-0044453		
Date Assigned:	07/02/2014	Date of Injury:	03/02/2012
Decision Date:	08/13/2014	UR Denial Date:	03/11/2014
Priority:	Standard	Application Received:	04/11/2014

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, has a subspecialty in Hand Surgery, and is licensed to practice in 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 45-year-old female who reported an injury on 3/2/12. The mechanism of injury involved heavy lifting. Current diagnoses include status post right shoulder rotator cuff repair, ankylosis of the right shoulder, cubital tunnel syndrome of the right elbow, and entrapment neuropathy of the median nerve of the right wrist. The injured worker was evaluated on 10/1/13. Physical examination on that date revealed tenderness to palpation over the cubital tunnel area and medial epicondyle of the left elbow, positive Tinel's and Phalen's testing in the right wrist, and altered sensation to pinprick and light touch in the right wrist. Treatment recommendations at that time included a cubital tunnel decompression with ulnar nerve transposition. It was also mentioned that the injured worker would benefit from a carpal tunnel decompression. It is noted that the injured worker underwent electrodiagnostic studies on 9/11/13, which indicated sensory median neuropathy involving bilateral wrists.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left Elbow/Wrist Surgery: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 270-271, Surgical Considerations.

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

Decision rationale: The California MTUS/ACOEM guidelines state a referral for hand surgery consultation may be indicated for patients who have red flags of a serious nature, fail to respond to conservative management including work site modifications, and have clear clinical and special study evidence of a lesion. A referral for surgical consultation for the elbow 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 evidence of a lesion. As per the documentation submitted for this review, the injured worker does maintain electrodiagnostic evidence of sensory median neuropathy involving bilateral wrists with median nerve entrapment. However, there is no mention of an attempt at conservative treatment prior to the request for a surgical procedure. The specific type of procedure was not listed. Therefore, the current request cannot be determined as medically appropriate. As such, the request is not medically necessary.