

Case Number:	CM14-0045751		
Date Assigned:	07/02/2014	Date of Injury:	06/26/2013
Decision Date:	08/19/2014	UR Denial Date:	03/28/2014
Priority:	Standard	Application Received:	04/14/2014

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 and 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 55-year-old male who reported an injury on 06/26/2013. The mechanism of injury was that the injured worker was on a ladder approximately 7 rungs up, picking fruit, when he lost his balance and fell on his left shoulder. The injured worker underwent a manipulation of the shoulder, followed by a glenohumeral arthroscopy, debridement, synovectomy, release of adhesions, debridement of the frayed labrum, arthroscopic subacromial decompression and an acromioplasty with a mini open repair of the rotator cuff on 09/27/2013. The treatments included physical therapy and medications. The injured worker underwent an (EMG) electromyography and a (NCV) nerve conduction velocity on 12/02/2013, which revealed abnormal nerve conduction studies with findings of mild left ulnar neuropathy across the left elbow. The electromyography was within normal limits. The physical examination of 12/18/2013 revealed that the injured worker had a positive tinels at the cubital tunnel and dysesthesia in the fifth ulnar nerve distribution at the tinels and the cubital tunnel. The diagnoses included left shoulder internal derangement, resolving with therapy, and left cubital tunnel syndrome. The treatment plan included a cubital tunnel release and anterior transposition of the nerve.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left elbow cubital tunnel release decompression/ulnar nerve transposition: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007). Decision based on Non-MTUS Citation Official Disability Guidelines: Treatment Integrated Treatment/Disability Duration Guidelines Elbow (Acute & Chronic), Surgery for cubital tunnel syndrome.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 45.

Decision rationale: The ACOEM Guidelines indicate that a surgical consultation may be appropriate for injured workers who have significant limitations of activity for more than 3 months, failure to improve with exercise programs and clear clinical and electrophysiologic evidence of a lesion that has been shown to benefit in both the long and short-term from surgical repair. Additionally, they indicate that surgery for nerve entrapment requires establishing a firm diagnosis on the basis of clinical evidence, and positive electrical studies that correlate with the clinical findings. There should be documentation that the injured worker has significant activity limitations, due to nerve entrapment and that the injured worker has failed conservative care, including full compliance in therapy, the use of elbows, removing opportunities to rest the elbow on the ulnar groove, workstation changes, and avoiding nerve irritation at night by preventing prolonged elbow flexion while sleeping. The clinical documentation submitted for review indicated that the injured worker had objective findings upon electrodiagnostics and physical examination. However, there was a lack of documentation indicating that the injured worker had failed conservative treatment, including full compliance therapy. There was a lack of documentation indicating that the injured worker had significant activity limitations. Given the above, the request for a left elbow cubital tunnel release decompression/ulnar nerve transposition is not medically necessary.

Pre-Operative EKG for cardiac 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: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

Post-Operative Physical Therapy 3 x 4: 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.