

Case Number:	CM14-0058664		
Date Assigned:	07/16/2014	Date of Injury:	01/07/2013
Decision Date:	08/14/2014	UR Denial Date:	04/18/2014
Priority:	Standard	Application Received:	04/29/2014

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. 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 47-year-old gentleman who injured his left upper extremity on 1/7/13. The medical records provided for review document that the treating physician states there is evidence of cubital tunnel syndrome from prior electrodiagnostic studies. However, formal documentation of electrodiagnostic studies is not available for review. The report of the 3/14/14 office visit describes continued complaints of pain and ulnar deficit to the fourth and fifth digits. An examination was documented to show a positive Tinel's Sign at the elbow. There was no documentation of other positive examination findings. The recommendation was for an ulnar decompression and submuscular transposition.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left elbow open exploration, decompression of the left cubital tunnel w/ulnar nerve neurolysis and submuscular transportation.: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 37. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), elbow procedure - Surgery for cubital tunnel syndrome (ulnar nerve entrapment).

Decision rationale: Based on California ACOEM Guidelines and supported by Official Disability Guidelines, the request for left elbow open exploration, decompression of the left cubital tunnel with ulnar nerve neurolysis and submuscular transportation cannot be supported as medically necessary. The ACOEM Guidelines recommend clear clinical correlation between a firm diagnosis on examination and electrodiagnostic studies. The records for review fail to demonstrate formal electrodiagnostic study findings. There is also currently no indication of subluxation of the ulnar nerve on examination. The request for left elbow open exploration, decompression of the left cubital tunnel with ulnar nerve neurolysis and submuscular transposition would not be supported without this information. Therefore the request is not medically necessary.

Pre-Op Medical 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 Op Physical Therapy 3x4 Left Elbow: 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-Op Cold Therapy Unit: 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 Op Surgi-Stim Unit 90 Days: 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.