

Case Number:	CM14-0068265		
Date Assigned:	07/14/2014	Date of Injury:	01/18/2000
Decision Date:	08/22/2014	UR Denial Date:	04/28/2014
Priority:	Standard	Application Received:	05/12/2014

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 New York. 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 patient has a date of injury of January 18, 2000. He has a history of injury of both elbows, both wrists and both knees. The patient had electrodiagnostic studies which were done in 2012, 2013, and 2014. The results of multiple electrodiagnostic studies in both arms are completely normal with no evidence of ulnar nerve entrapment either right or left cubital tunnel area. The patient has chronic elbow pain. The patient continues to have symptoms of severe pain. At issue is whether cubital, relief surgeries medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left Cubital Tunnel Release: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines shoulder and elbow chapter.

Decision rationale: This patient does not meet establish criteria for cubital tunnel release surgery. Specifically, the electrodiagnostic studies are normal and did not show any evidence of ulnar nerve compression in the cubital tunnel. Since he electrodiagnostic studies are normal, criteria Omar Nerve decompressive surgery not met.

Right cubital tunnel release: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines shoulder and elbow chapter.

Decision rationale: This patient does not meet establish criteria for cubital tunnel release surgery. Specifically, the electrodiagnostic studies are normal and did not show any evidence of ulnar nerve compression in the cubital tunnel. Since he electrodiagnostic studies are normal, criteria Omar nerve decompressive surgery not met.

Occupational therapy 2 times a week for 4 to the 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 surgery is not medically necessary, then all other associated items are not needed.

Occupational therapy 2 times a week for 4 to the right 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 surgery is not medically necessary, then all other associated items are not Needed.

Cold therapy unit purchase; a sterile wrap purchase: 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 surgery is not medically necessary, then all other associated items are not needed.