

Case Number:	CM14-0093749		
Date Assigned:	07/25/2014	Date of Injury:	02/01/2013
Decision Date:	08/28/2014	UR Denial Date:	06/02/2014
Priority:	Standard	Application Received:	06/20/2014

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 46-year-old who sustained an injury to the left upper extremity in a work-related accident on 2/1/13. The clinical records provided for review include the report of a 1/9/14 electrodiagnostic study revealing no evidence of ulnar neuropathy of the left upper extremity. There was also no indication of radiculopathy or median nerve compression. The report of a follow up visit dated 5/5/14 documented a diagnosis of right index finger tenosynovitis and no documentation of a diagnosis for left lateral epicondyle or ulnar nerve pathology. The previous assessment pertaining to the left elbow dated 10/17/13 documented lateral epicondylitis with examination findings showing tenderness to palpation over the lateral epicondyle. There was no formal documentation of treatment for the claimant's diagnosis of cubital tunnel syndrome. This request is for lateral epicondylectomy and ulnar nerve decompression with transposition.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pre-operative medical clearance: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM OMPG (Second Edition, 2004), Chapter 7 Independent Medical Examinations and Consultations, page 127.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

Surgi Stim Unit and initial period of 90 days: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Interferential current; TENS unit Page(s): 117,121. Decision based on Non-MTUS Citation Manufacturer's website Surgi Stim Official Disability Guidelines -NMES.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Interferential Current Stimulation (ICS) Page(s): 118-120.

Decision rationale: California MTUS Guidelines would not support the ninety day use of a Surgi-Stim unit. Surgi-Stim is typically not recommended for the acute use in the post-operative setting. Furthermore, the need for operative intervention in this case has not been established thus negating the need for any post-operative treatment.

Supervised Post-operative rehabilitation 3 times per week for 4 weeks: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines - Forearm, Wrist & Hand Chapter.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

Open exploration and anterior submuscular transposition with neurolysis, left ulnar nerve: Open exploration and debridement with repair extensor carpi radialis brevis/extensor carpi radialis longus: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 18-19. Decision based on Non-MTUS Citation Official Disability Guidelines - Surgery for Cubital Tunnel Syndrome, Elbow Chapter.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 36-37.

Decision rationale: California ACOEM Guidelines do not support the role of a submuscular transposition of the ulnar nerve. It would also not support the role of a lateral epicondylar release. Currently, the records fail to demonstrate conservative measures for the diagnosis of lateral epicondylitis. There is also no documentation of clinical correlation for a diagnosis of cubital tunnel syndrome. The records identify that there are negative electrodiagnostic studies failing to demonstrate ulnar compressive pathology. There is also no formal documentation of physical examination findings consistent with cubital tunnel syndrome. The role of operative procedure in this case has not been supported. The request is not medically necessary.

Cool Care Cold Therapy Unit- purchase: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation PMID:18214217 (PUBMED)- indexed for MEDLINE.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 337-339.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

