

Case Number:	CM14-0190014		
Date Assigned:	11/21/2014	Date of Injury:	06/08/2012
Decision Date:	01/16/2015	UR Denial Date:	10/24/2014
Priority:	Standard	Application Received:	11/14/2014

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 Surgery and is licensed to practice in Minnesota. 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 65 year old female with a history of medial right elbow pain. Her date of injury is 6/8/2012. She has had a left cubital tunnel release, right shoulder arthroscopy with subacromial decompression, labral debridement and distal claviclectomy in the past. Her right elbow is tender over the medial epicondyle and ulnar nerve. The ulnar nerve is neurologically normal. EMG and Nerve conduction studies have been performed with particular attention to the right cubital tunnel on 9/24/2014 and the report indicates no evidence of entrapment. She also has bilateral hand discomfort which is attributed to mild median nerve compromise at the wrist. A request for right cubital tunnel release was non-certified by Utilization Review citing MTUS guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right cubital tunnel release QTY #1: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 604.

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

Decision rationale: California MTUS guidelines indicate surgery for ulnar nerve entrapment requires establishing a firm diagnosis on the basis of clear clinical evidence and positive electrical studies that correlate with clinical findings. The surgical decision necessitates documentation of conservative care including use of elbow pads, full compliance in therapy, not leaning on the ulnar groove, workstation changes if needed, and use of an extension splint at night. In the absence of 1st dorsal interosseous atrophy 3-6 months of conservative care should be documented to meet guideline requirements. Such is not the case here. The electrodiagnostic studies are negative for ulnar nerve entrapment and the required conservative care is not documented. As such, the medical necessity of the requested right cubital tunnel release is not substantiated.

Pre operative Electrocardiogram: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines- low back chapter

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

Decision rationale: The requested surgery is not medically necessary. Therefore the request for a pre-operative EKG is also not medically necessary.

Post operative occupational therapy: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

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

Decision rationale: The requested surgery is not medically necessary. Therefore the post-operative occupational therapy is also not medically necessary.