

Case Number:	CM14-0193236		
Date Assigned:	12/01/2014	Date of Injury:	05/11/2010
Decision Date:	01/22/2015	UR Denial Date:	11/10/2014
Priority:	Standard	Application Received:	11/18/2014

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:

A 56 year old male claimant with an industrial injury dated 05/11/10. EMG/NCS of the right upper extremity dated 10/07/14 reveals a focal neuropathy of the right ulnar at the elbow in which reveals right cubital tunnel syndrome. Exam note 10/23/14 states the patient returns with hand pain. The patient explains experiencing a constant numbness in the right small finger. Upon physical exam the patient is noted to have a positive Tinel's sign test over the cubital tunnel. The patient is noted to have a positive elbow flexion test and the ulnar nerve appears to be stable in the ulnar groove. The patient had normal motor and sensory exams. Treatment includes a right elbow ulnar nerve decompression.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right Elbow Cubital Tunnel Release: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Elbow, Surgery for Cubital Tunnel Syndrome

Decision rationale: CA MTUS/ACOEM is silent on the issue of surgery for cubital tunnel syndrome. According to the ODG, Elbow section, Surgery for cubital tunnel syndrome, indications include exercise, activity modification, medications and elbow pad and or night splint for a 3-month trial period. In this case there is insufficient evidence from the exam note of 10/23/14 that the claimant has satisfied these criteria in the cited records. Therefore the request is not medically necessary.

Associates Surgical Services: Pre-Operative EKG: 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.

Associates Surgical Services: Post-operative Occupational Therapy 2 times per week for 3 weeks for 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 the primary procedure is not medically necessary, none of the associated services are medically necessary.