

Case Number:	CM15-0006673		
Date Assigned:	01/26/2015	Date of Injury:	09/27/2013
Decision Date:	03/23/2015	UR Denial Date:	12/05/2014
Priority:	Standard	Application Received:	01/12/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Orthopedic Surgery, Sports Medicine

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 41-year-old male who reported an injury on 09/27/2013. The mechanism of injury was due to a slip and fall. The injured worker has a diagnosis of wrist strain. Past medical treatment consists of physical therapy, functional capacity evaluation, and medication therapy. There were no diagnostics submitted for review. On 10/16/2014, the injured worker complained of left wrist pain. Physical examination on functional capacity evaluation demonstrated that the injured worker was self-limited in the evaluation with 23/31 consistency measures recorded as reliable. Left wrist range of motion revealed a dorsiflexion of 31 degrees, palmar flexion of 42 degrees, radial deviation of 17 degrees, and ulnar deviation of 21 degrees. The medical treatment plan is for the injured worker to undergo left cubital tunnel release. Rationale and Request for Authorization form were not submitted for review.

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: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): Table 5.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Forearm, Wrist and Hand, Guyon's canal syndrome surgery.

Decision rationale: The Official Disability Guidelines indicate that after 6 months of conservative therapy, surgery may be a recommendation for entrapment of the ulnar nerve. Guidelines indicate that there should be documented symptoms of pain, numbness, paresthesia, and impaired dexterity. It should also indicate that the injured worker was initially unresponsive to conservative treatment, to include activity modification of 6 months or more; wrist splint for 1 month, NSAIDs, and a home exercise program after initial physical therapy. The submitted documentation did not indicate that the injured worker had pain, numbness, paresthesia, or impaired dexterity. Additionally, there was no evidence submitted for review showing activity modification, the use of wrist splints, NSAIDs, or physical therapy. Given the above, the injured worker is not within ODG criteria. As such, the request would not be medically necessary.

Associated surgical service: 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.

Associated surgical service: labs CBC, BMP, 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.