

Case Number:	CM15-0101128		
Date Assigned:	06/03/2015	Date of Injury:	07/20/2012
Decision Date:	08/25/2015	UR Denial Date:	05/08/2015
Priority:	Standard	Application Received:	05/26/2015

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

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 43 year old male who sustained an industrial injury on 07/20/2012. Mechanism of injury occurred while breaking concrete his drill got stuck and twisted his left arm and externally rotated it. He complained of neck, left shoulder, elbow and left finger pain which progressively increased and was intolerable. Diagnoses include left cubital tunnel syndrome, cervical radiculitis, left shoulder impingement syndrome; status post left shoulder arthroscopy, synovectomy labral and rotator cuff debridement subacromial decompression on 02/25/2015, cervicalgia. Treatment to date has included diagnostic studies, surgery, medications, physical therapy, injections, elbow pad, and activity modifications. A Magnetic Resonance Imaging of the cervical spine done on 12/30/2014 shows C5-6: 1-2mm board based posterior disc protrusion without evidence of canal stenosis or neural foraminal narrowing. A Magnetic Resonance Imaging of the left shoulder done on 12/23/2015 shows rotator cuff tendonitis, supraspinatus tendinosis, infraspinatus tendinosis and subscapularis tendinosis, subchondral cyst formation humeral head, and acromioclavicular osteoarthritis. A physician progress note dated 04/21/2015 documents the injured worker complains of left shoulder pain that he rates as 5 out of 10 and previously was 7 out of 10. He is also complaining of numbness in his pinky finger that radiates from his elbow on the left side. Left shoulder has positive Neer's sign. There is also positive Phalen's sign of the left elbow. Treatment requested is for left cubital tunnel release, pre-op chest x-ray, pre-op EKG, pre-op urine, pre-op clearance including H&P, and pre-op labs.

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): 32.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Elbow section, 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 in the exam note of 4/21/15 that the claimant has satisfied these criteria. Therefore, the determination is not medically necessary.

Pre-op clearance including H&P: 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.

Pre-op labs: 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.

Pre-op UA: 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.

Pre-op Chest x-ray: 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.

Pre-op 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.