

<b>Case Number:</b>	CM15-0104025		
<b>Date Assigned:</b>	06/08/2015	<b>Date of Injury:</b>	05/13/2010
<b>Decision Date:</b>	07/10/2015	<b>UR Denial Date:</b>	04/29/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/29/2015

### 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, Indiana, Oregon  
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 54 year old male who sustained an industrial injury on May 13, 2010. He has reported a left shoulder injury and has been diagnosed with sprain of the neck, sprain of the lumbar and superior glenoid labrum lesion. Treatment has included surgery, splinting, medications, chiropractic care, and physical therapy. There was tenderness to palpation of the paravertebral musculature with slight muscle spasm. Range of motion was restricted. The left shoulder revealed a well healed surgical scar. There was minimal tenderness to palpation. Range of motion was almost full with negative impingement. The treatment request included surgery and post-operative occupational therapy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Left open cubital tunnel release possible medial epicondylectomy:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 36-38. Decision based on Non-MTUS Citation Official Disability Guidelines Elbow Chapter (Online Version): surgery for cubital tunnel syndrome (ulnar nerve entrapment).

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 18.

**Decision rationale:** CA MTUS/ACOEM Elbow Complaints Chapter 10 (2007 supplement) page 18 states that focused NCS/EMG with inching technique is required for the accurate diagnosis of cubital tunnel syndrome. As there is no evidence of cubital tunnel syndrome on the EMG from 12/20/13 the request is not medically necessary.

**Post-operative occupational therapy 2x6:** 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.