

Case Number:	CM15-0131446		
Date Assigned:	07/17/2015	Date of Injury:	02/15/2012
Decision Date:	08/14/2015	UR Denial Date:	06/08/2015
Priority:	Standard	Application Received:	07/07/2015

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 68 year old female, who sustained an industrial injury on February 15, 2012, incurring right upper extremity injuries from a trip and fall. Magnetic Resonance Imaging of the right elbow was unremarkable. She was diagnosed with cervical degenerative disc disease, right shoulder impingement syndrome, osteoarthritis of the right elbow and lateral epicondylitis, right carpal tunnel syndrome, ligament tear of the right wrist and a chin contusion. Treatment included anti-inflammatory drugs, physical therapy and work restrictions. Electromyography studies showed ulnar neuropathy at the wrist. Currently, the injured worker complained of progressive right elbow pain, tenderness with numbness and tingling in the wrist and fingers of the right hand. The treatment plan that was requested for authorization included open exploration and debridement, neurolysis and transposition of the right ulnar nerve, preoperative medical clearance, postoperative rehabilitative therapy, surgi-stim unit and a cool-care cold therapy unit.

IMR ISSUES, DECISIONS AND RATIONALES

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

Open exploration and debridement, neurolysis and anterior submuscular transposition of the right ulnar nerve: Upheld

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

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. There is no evidence of cubital tunnel syndrome on the EMG in this case. Therefore the request is not medically necessary.

Associated surgical services: Preoperative 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 services: Supervised post operative rehabilitative therapy; twelve (12) sessions (3 x 4): 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 services: Surgi-stim unit of initial period of ninety (90) days: 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 services: Coolcare cood therapy unit: 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.