

Case Number:	CM15-0143117		
Date Assigned:	08/04/2015	Date of Injury:	08/13/2013
Decision Date:	08/31/2015	UR Denial Date:	06/25/2015
Priority:	Standard	Application Received:	07/23/2015

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, Oregon, Washington
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 34 year old male, who sustained an industrial injury on 8-13-2013. Diagnoses include SLAP tear right, rotator cuff sprain right, shoulder pain right, recurrent dislocation of right shoulder and right cubital tunnel syndrome. Treatment to date has included surgical intervention (right shoulder surgery on 4-02-2014) as well as conservative treatment including diagnostics, medications, home exercise, ice application, physical therapy, bracing and injections. Per the Primary Treating Physician's Progress Report dated 5-12-2015, the injured worker presented 3 months status-post revision surgery of the right shoulder. Overall he is doing remarkably well. He continues with therapy and home exercises. He reports stiffness mainly with internal and external rotation, discomfort mainly with external rotation over the posterior capsule with radiation into the triceps area. He has 5 sessions of therapy remaining. He rates his pain as 2-3 out of 10. Physical examination of the right elbow demonstrated tenderness over the medial aspect of the elbow, cubital canal and full range of motion with flexion 140, extension 0, supination 85, and pronation 90. There was a positive Tinel's and positive elbow flexion test with symptoms radiating into the ulnar nerve distribution, little and ring finger. The plan of care included surgical intervention and authorization was requested for one endoscopic versus open cubital tunnel release with possible sub muscular transposition of the ulnar nerve of the right elbow.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Endoscopic Versus Open Cubital Tunnel Release with Possible Submuscular Transposition of the Ulnar Nerve of the Right Elbow: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 45-46.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 18. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Elbow section.

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 12/19/13 the request is not medically necessary. 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 records that the claimant has satisfied these criteria in the cited records. Therefore, the request is not medically necessary.