

Case Number:	CM15-0165479		
Date Assigned:	09/03/2015	Date of Injury:	02/22/2013
Decision Date:	10/22/2015	UR Denial Date:	08/14/2015
Priority:	Standard	Application Received:	08/24/2015

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 52-year-old female, with a reported date of injury of 02-22-2013. The mechanism of injury was not indicated in the medical records provided for review. The injured worker's symptoms at the time of the injury were not indicated. The diagnoses include status post right wrist arthroscopy with debridement; status post right carpal tunnel release; chronic right lateral epicondylitis; right forearm and wrist tendinitis, right shoulder pain, rule out right cubital tunnel syndrome, and status post right de Quervain's release. Treatments and evaluation to date have included oral medications, right de Quervain's release on 10-28-2014, right carpal tunnel release on 01-10-2014, right shoulder surgery in 01-2014, physical therapy, and TENS (transcutaneous electrical nerve stimulation) unit. The diagnostic studies to date have included electrodiagnostic studies of the bilateral upper extremities on 04-10-2015, which showed very early or very mild bilateral median sensory nerve neuropathy, and urine drug screening on 01-06-2015 and 01-27-2015. According to the agreed medical examination report dated 04-15-2015, the injured worker underwent an MRI of the right wrist on 07-03-2014, which showed mild ECU (extensor carpi ulnaris) tenosynovitis and a central perforation of the TFCC (triangular fibrocartilage complex). The follow-up consultation report dated 07-16-2015 indicates that the injured worker complained of right wrist and hand pain, rated 5 out of 10; right elbow pain, rated 5 out of 10; right shoulder pain, rated 3 out of 10; and cervical pain with paralleling headache, rated 5 out of 10. It was noted that the medications at the current dose helps with the maintenance of her activities of daily living. She was unable to adhere to the recommended exercise regimen without medications, due to pain. The injured worker reported improved range

of motion and tolerance to exercise and a variety of activity with medications. The objective findings include a well-healed incision on the right wrist; right Jamar remained limited to no greater than 10 pounds on three attempts; tenderness of the right elbow; right elbow range of motion 0 degrees to 130 degrees; tenderness of the right shoulder; a well-healed incision on the right shoulder; limited range of motion of the right shoulder with pain; tenderness of the cervical spine; cervical flexion at 40 degrees; cervical extension at 30 degrees; left and right rotation of the cervical spine at 30 degrees; left and right lateral tilt of the cervical spine at 30 degrees; diminished sensation in the right ulnar nerve distribution; and spasm of the cervical trapezius and forearm musculature. It was noted that the right cubital tunnel syndrome continued to worsen with resultant decline in activity and function. The treatment plan included a right cubital tunnel release with associated services. The injured worker's disability status was noted as temporarily totally disabled for four weeks. The treating physician requested right cubital tunnel release, pre-operative electrocardiogram, pre-operative laboratory works (complete blood count with differential, urinalysis, chemistry panel, comprehensive metabolic panel, prothrombin time, and partial prothrombin time, anesthesiologist, history and physical, post-operative use of Norco, post-operative use of Tramadol, and twelve post-operative physical therapy visits.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right Cubital Tunnel Release: Upheld

Claims Administrator guideline: Decision based on MTUS Elbow Complaints 2007. Decision based on Non-MTUS Citation Official Disability Guidelines- Indications for Surgery-Surgery for Cubital Tunnel Syndrome.

MAXIMUS guideline: Decision based on MTUS Elbow Complaints 2007, Section(s): Diagnostic Criteria.

Decision rationale: The 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 the request is not medically necessary.

Pre-Operative Electrocardiogram: 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: CBC with Differential: 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: Urinalysis: 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: Chem Panel: 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: CMP: 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: PT/PTT: 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: Anesthesiologist: 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: History and Physical: 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.

Post-Operative Norco 10/325mg, #60: 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.

Post-Operative Tramadol-ER 50mg, #60: 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.

Post-Operative Physical Therapy (12-sessions): 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.