

Case Number:	CM15-0169106		
Date Assigned:	09/09/2015	Date of Injury:	09/18/2012
Decision Date:	10/07/2015	UR Denial Date:	07/29/2015
Priority:	Standard	Application Received:	08/27/2015

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 53 year old male who sustained an industrial injury on September 18, 2012. Of note, he has several previous Workers Compensation claims. The worker was employed as a psychiatric technician. The accident was described as while working participating in a round table reflection group one of the clients jumped up in his face and kicked him with the right foot hitting his left forearm. He was evaluated and treated with modified work duty and a course of physical therapy. Thereafter, he also received injection and diagnostic testing to include nerve conduction study which diagnosed him with bilateral carpal tunnel syndrome left side greater. An orthopedic follow up dated March 11, 2014 reported chief subjective complaint of bilateral hand and forearm pain. There is associated numbness and tingling in the left hand including all digits. The following diagnoses were applied: left cubital tunnel syndrome; bilateral carpal tunnel syndrome; left lateral epicondylitis, and left radial tunnel syndrome. There is noted lengthy discussion regarding treatment modalities with the plan of care directed at receiving Cortisone injection, utilizing a cubital tunnel brace, wrist brace, and elbow brace.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cubital tunnel release, possible medial epicondylectomy - left Qty: 1: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM page 240.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) 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 records that the claimant has satisfied these criteria in the cited records. Therefore, the request is not medically necessary.