

Case Number:	CM15-0195770		
Date Assigned:	10/09/2015	Date of Injury:	07/23/2014
Decision Date:	11/20/2015	UR Denial Date:	09/24/2015
Priority:	Standard	Application Received:	10/05/2015

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 38 year old female who sustained an industrial injury on July 23, 2014. A recent primary treating office visit dated August 14, 2015 reported subjective complaint of: "pain in right shoulder, right elbow, right wrist and hand." Her main pain is "the right shoulder." She had an injection in the right shoulder; "it did not give her much relief." The following were applied to this visit: right shoulder tendonitis impingement syndrome; right medial and lateral epicondylitis; right De Quervain's tenosynovitis; rule out carpal tunnel syndrome, and right wrist strain and sprain, rule out ligamentous instability. The plan of care is with recommendation for MRI of right wrist ruling out internal derangement and TFCC tears and pending authorization for surgery, right shoulder. A primary follow up dated August 15, 2014 reported subjective complaint of right wrist pain, right upper extremity pain mild to moderately severe and intermittent. Current medications noted: Acetaminophen ES, Polar Frost, and Meloxicam. The worker was diagnosed with tenosynovitis, right hand, other. There is note of pending consultation visit. She is to wear splint and work a modified duty. Primary follow up dated January 28, 2015 reported the plan of care with recommendation for orthopedic consultation for possible injection treatment and or surgical intervention. Previous treatment to include: activity modification, medication, physical therapy, diagnostic testing and consultation. On September 18, 2015 a request was made for right elbow ulnar nerve release procedure that was noncertified by Utilization Review on September 24, 2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right elbow ulnar nerve release with possible transposition: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Elbow (Acute & Chronic) - Surgery for cubital tunnel syndrome (ulnar nerve entrapment).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Elbow section, 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 exam note of 8/15/14 that the claimant has satisfied these criteria. Therefore the request is not medically necessary.

Associated surgical service: 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: As the requested surgical procedure is not medically necessary, none of the associated services are medically necessary and appropriate.