

Case Number:	CM15-0197624		
Date Assigned:	10/13/2015	Date of Injury:	11/09/2008
Decision Date:	12/23/2015	UR Denial Date:	09/23/2015
Priority:	Standard	Application Received:	10/07/2015

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 57 -year-old female who sustained an industrial injury on 11-9-2008. Diagnoses have included chronic elbow lateral epicondylitis, chronic right radial tunnel syndrome, right cubital tunnel syndrome, and right carpal tunnel syndrome. Diagnostic MRI of 5-28-2014 revealed right cubital tunnel syndrome with ulnar nerve entrapment at the elbow, and right carpal tunnel syndrome with median nerve entrapment at the wrist. Documented treatment includes steroid injections, bracing, anti-inflammatory medication, and the note of 8-24-2015 states she has "had more than exhaustive conservative treatment." On 8-24-2015 the injured worker complained of continued right arm and wrist pain and numbness and tingling, which was worsened with activity. She stated she often had loss of coordination and difficulties with many activities of daily living, including writing. Examination revealed full range of motion to the elbow, hand, and wrist, but noted tenderness over the right elbow lateral epicondyle with discomfort with resisted wrist extension, positive Tinel's sign over the right cubital tunnel, positive Tinel's for carpal tunnel syndrome on the right, no evidence of ulnar tunnel syndrome, minimal thumb basal joint tenderness, and no clawing, atrophy triggering or locking was noted. The treating physician's plan of care includes a right elbow lateral epicondyle fasciotomy, and radial tunnel release with right ulnar nerve release versus transposition. On 9-23-2015, this was modified to approval of right elbow lateral epicondyle fasciotomy, and radial tunnel release with right ulnar nerve release. The injured worker has been off work since 2008.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right elbow lateral epicondyle fasciotomy, radial tunnel release with right ulnar nerve release versus transposition: Upheld

Claims Administrator guideline: Decision based on MTUS Elbow Complaints 2007, Section(s): Ulnar Nerve Entrapment, Radial Nerve Entrapment, Lateral Epicondylalgia. Decision based on Non-MTUS Citation Official Disability Guidelines-Treatment in Workers' Compensation (ODG TWC), Elbow Procedure Summary Online Version last updated 06/23/2015.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) elbow.

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. Simple decompression is recommended unless instability is documented. In this case there is no instability of the ulnar nerve documented and therefore the combined request is not medically necessary.

Pre-operative medical clearance/follow-up evaluation with an orthopedic surgeon (right elbow): Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) elbow.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

Post-operative appointments within global period with fluoroscopy 1 time a week for 4 weeks (right elbow): 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: game ready unit and supplies x2 week rental (rental or purchase): 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 Hydrochloride/Acetaminophen (Ultracet) 37.5/325mg #60 with 1 refill: 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 Zolpidem Tartrate 5mg (Ambien) 5mg #30: 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 Zofran 8mg #10: 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.