

Case Number:	CM15-0044062		
Date Assigned:	03/16/2015	Date of Injury:	03/21/2013
Decision Date:	04/16/2015	UR Denial Date:	02/05/2015
Priority:	Standard	Application Received:	03/09/2015

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: New York, New Hampshire, 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 49 year old female who sustained an industrial injury on 03/21/13. Initial complaints and diagnose are not available. Treatments to date include surgery, bracing, and physical therapy. Diagnostic studies include an EMG/NCV. Current complaints include a nonfunctioning thumb. In a progress note dated 01/20/15 the treating provider recommends surgery to correct the post op radial nerve palsy and a tendon transfer. The requested treatment is a tendon transfer status post a right elbow mass excision for probable ganglion with postoperative palsy, radial nerve, and nature of transfer not specified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tendon transfer status post right elbow mass excision for probable ganglion with post-op palsy, radial nerve; nature of transfer not specified: 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), Hand.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 269-277.

Decision rationale: MTUS criteria for tendon transfer surgery are not met. The medical records do not clearly document the type of tendon transfer procedure that is being proposed. More documentation is required to describe the surgical tendon transfer procedure before it can be approved. It remains unclear what procedure is being considered.