

Case Number:	CM15-0046574		
Date Assigned:	03/18/2015	Date of Injury:	02/04/2013
Decision Date:	05/01/2015	UR Denial Date:	02/24/2015
Priority:	Standard	Application Received:	03/11/2015

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

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 61 year old female, who sustained an industrial injury on 02/04/2013. Initial complaints and initial diagnoses were not provided. Treatment to date has included conservative care, medications, left ulnar nerve decompression and subcutaneous anterior transposition (09/18/2014), right cubital tunnel release and right carpal tunnel release (05/09/2013), and physical therapy. Exam note on 1/26/15, the injured worker complains of mild to severe bilateral wrist pain with burning pain, catching, stiffness swelling and numbness. After the left upper extremity surgery, the injured worker reported increased function in the left arm and decreased function in the right arm. Current diagnoses include bilateral cubital tunnel syndrome, bilateral carpal tunnel syndrome, status post right cubital and carpal tunnel releases, right volar ganglion cyst (status post excision), severe bilateral carpal and cubital tunnel syndrome, status post open comprehensive cubital tunnel release, and left carpal tunnel release. The treatment plan consisted of revision of right elbow ulnar nerve decompression and transposition and revision of right carpal tunnel release, sling, cock up splint, and e sessions of post-op physical therapy for the right elbow.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right elbow revision ulnar nerve decompression and transposition and revision right carpal tunnel release: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 270. Decision based on Non-MTUS Citation Official Disability Guidelines, Elbow, Surgery for cubital tunnel syndrome.

Decision rationale: Per the CA MTUS/ACOEM guidelines, Chapter 11 Forearm, Wrist and Hand Complaints page 270, Electrodiagnostic testing is required to eval for carpal tunnel and stratify success in carpal tunnel release. In addition, the guidelines recommend splinting and medications as well as a cortisone injection to help facilitate diagnosis. In this case there is lack of evidence in the records from 1/26/15 of failed bracing or injections in the records. Therefore, the determination is not medically necessary. 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 1/26/15 that the claimant has satisfied these criteria. Therefore, the determination is not medically necessary.

Associated surgical services: Sling, cock up splint: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 212-214.

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

Post op physical therapy 2x4 right elbow: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 16.

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