

Case Number:	CM15-0058090		
Date Assigned:	04/02/2015	Date of Injury:	12/14/2012
Decision Date:	06/11/2015	UR Denial Date:	03/06/2015
Priority:	Standard	Application Received:	03/26/2015

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, Sports Medicine

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 50-year-old female who reported an injury on 12/14/2012 due to an unspecified mechanism of injury. On 02/23/2015, the injured worker presented for an evaluation regarding her work related injury. She was noted to be status post carpal tunnel release and right first dorsal compartment release on 01/22/2015. She stated that she had started therapy at 2 times a week and that she was having minimal pain at the wrist and palm of the hand. She wished to undergo a right cubital tunnel release as she still continued experiencing tingling and numbness of the ring and small finger. On examination, the right palm and dorsoradial wrist showed wounds that were healing nicely with no evidence of hypertrophic scarring. There was no tenderness to palpation throughout and she was able to make a full compound fist and extend all digits without discomfort. The right elbow had a positive Tinel's and positive compression test of the cubital canal with a 2 point discrimination of the ring finger at 7/7 and small finger 8/8. The plan was for her to undergo a cubital tunnel release. Electrodiagnostic studies dated 02/26/2013 showed evidence of median sensory neuropathy across the wrist consistent with right carpal tunnel syndrome.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right ulnar nerve release at cubital canal: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 44-49.

Decision rationale: The California ACOEM Guidelines indicate that a referral for surgical consultation may be indicated for those who have significant limitations of activity for more than 3 months, failed to improve with exercise programs to increase range of motion and strength about the musculature of the elbow, and who have clear clinical and electrophysiologic evidence or imaging evidence of a lesion that has been shown to benefit from surgical repair. The documentation submitted for review indicates that the injured worker has positive clinical tests that correlate with cubital tunnel syndrome. However, there were no updated electrodiagnostic studies provided to support that the injured worker has cubital tunnel syndrome and support the requested surgery. Also, there is no indication that she has undergone recommended conservative care towards the elbow. Without this information, the request is not supported. As such, the request is not medically necessary.

Right ulnar transposition and Z-plasty tendon transfer of flexor pronator origin at forearm: 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 chapter.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 44-49.

Decision rationale: The California ACOEM Guidelines indicate that a referral for surgical consultation may be indicated for those who have significant limitations of activity for more than 3 months, failed to improve with exercise programs to increase range of motion and strength about the musculature of the elbow, and who have clear clinical and electrophysiologic evidence or imaging evidence of a lesion that has been shown to benefit from surgical repair. The documentation submitted for review indicates that the injured worker has positive clinical tests that correlate with ulnar transposition and Z plasty tendon transfer of the flexor pronator origin. Also, no imaging studies or electrodiagnostic studies were provided to validate that she has a deficit in the right elbow that would support the requested intervention. Also, there is no indication that she has undergone recommended conservative care towards the elbow. Without this information, the request is not supported. As such, the request is not medically necessary.

Associated Surgical Services: application of right upper extremity long arm splint intra operative: 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), Forearm, Wrist, and Hand Chapter.

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 Services: post-op physical therapy 2 x 4 (8): Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Elbow Chapter.

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.

Keflex 500mg #20: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation National Guideline Clearinghouse.

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.

Norco 10/325mg #30: 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), Pain Chapter.

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.