

Case Number:	CM15-0087193		
Date Assigned:	05/11/2015	Date of Injury:	10/22/2010
Decision Date:	06/15/2015	UR Denial Date:	04/08/2015
Priority:	Standard	Application Received:	05/06/2015

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 51-year-old male, who sustained an industrial injury on 10/22/2010. He reported repetitive use injury of both upper extremities. The injured worker was diagnosed as having repetitive overuse syndrome to both upper extremities. Treatment to date has included medications, work restrictions, and electrodiagnostic studies. The request is for right ulnar transposition, including pre-operative physical, labs and electrocardiogram, and post-operative physical therapy. On 12/2/2014, he complained of left upper extremity pain. He offered no complaints regarding the left wrist. The left thumb, index and long fingers, and right elbow were described as having dull to stabbing pain with paresthesias and numbness to the thumb and index finger of the left hand. The right hand was noted to be positive for Tinel's sign. Future medical care is noted to include possible: right ulnar nerve transposition, possible carpal tunnel release on the left, physical therapy, and medications. On 3/17/2015, he complained of pain of the wrists, elbows, forearms, and shoulders. He is reported to want to proceed with recommended right ulnar nerve transposition. He is noted to have a positive Tinel sign to the cubital tunnel. The treatment plan included: surgery, pre-operative workup and post-operative physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right Ulnar Transposition: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 44-49, Postsurgical Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), low back.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 18.

Decision rationale: CA MTUS/ACOEM Elbow Complaints Chapter 10 (2007 supplement) page 18 states that focused NCS/EMG with "inching technique" is required for the accurate diagnosis of cubital tunnel syndrome. As there is no evidence of cubital tunnel syndrome on the EMG from 11/5/14 the request is not medically necessary.

Post-Operative Physical Therapy (12-sessions): 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.

Pre-Operative EKG/labs: 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.

Pre-Operative Physical: 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.