

Case Number:	CM15-0088495		
Date Assigned:	05/12/2015	Date of Injury:	04/20/2014
Decision Date:	06/12/2015	UR Denial Date:	04/30/2015
Priority:	Standard	Application Received:	05/08/2015

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 24 year old male, who sustained an industrial/work injury on 4/20/14. He reported initial complaints of pain to right hand and wrist. The injured worker was diagnosed as having cubital tunnel syndrome. Treatment to date has included medication, diagnostics, and night time splinting. MRI results were reported on 4/8/15 reported very mild tenosynovitis of the flexor tendons within and distal to the carpal tunnel which is nonspecific and could be related to prior injury or overuse. Electromyography and nerve conduction velocity test (EMG/NCV) was performed on 4/17/15 that revealed no evidence of entrapment neuropathy on the median, ulnar, and radial nerves and no motor radiculopathy or distal peripheral neuropathy in the upper extremities. X-Rays results of the left/right wrist were reported on 4/17/15 reported negative findings. Currently, the injured worker complains of right hand pain with 5th digit finger pain. Per the orthopedic evaluation on 4/14/15 examination revealed positive Phalen's and Tinel's test at the right elbow. Sensation was intact to all dermatomes, negative heel to toe and reflexes are 2+ in biceps, triceps, and brachioradialis. The requested treatments include right cubital tunnel release and post-op physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right Cubital Tunnel Release: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007).

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 4/17/15 therefore the request is not medically necessary.

Post-op physical therapy, 2x a week for 8 weeks: 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.