

Case Number:	CM15-0241932		
Date Assigned:	12/22/2015	Date of Injury:	03/04/2013
Decision Date:	01/25/2016	UR Denial Date:	12/01/2015
Priority:	Standard	Application Received:	12/11/2015

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: New York, Pennsylvania, Washington

Certification(s)/Specialty: Internal Medicine, Geriatric 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 24 year old female, who sustained an industrial injury on 3-4-2013. She complains of shoulder injury. The injured worker was diagnosed with bilateral cubital tunnel syndrome with residual symptoms status post decompression. Treatment to date has included diagnostic testing, acupuncture, physical therapy, medications and surgery (revision of decompression and transposition of ulnar nerve, right elbow on 7-29-2015). The orthopedic follow up progress note dated 9-24-2015, the IW complains of, "right shoulder pain. She is attending physical therapy and notes that the elbow motion is gradually improving. She still gets numbness in the thumb, index and long finger with certain movements on the right and has fairly persistent numbness and tingling of the ring and small finger bilaterally. The exam show near full range of active motion of the right shoulder with some tenderness anteriorly. Right elbow motion is about 170 degrees on extension. There is still numbness of the erring and small finger to light touch and some weakness of finger abduction bilaterally. The plan is for x-rays, neurologic consult and continues with physical therapy". The primary progress note dated 11-13-2015, the IW complains that she's been "experiencing more pain in her left elbow and forearm now. She has occasional tingling in the left index and the ring and small fingers are still numb bilaterally. There is no change in her right upper extremity. She complains of increasing clicking and pain in the right shoulder. On exam, grip strength is 15 lbs. on right and 35 lbs. on left. The IW has sensitivity to be to light touch ring and small fingers bilaterally. Intrinsic muscles function appears to be intact though perhaps slightly weak bilaterally. The plan is to continue acupuncture treatment and follow up in 4 weeks". The UR decision, dated 12-1-2015 denied

office visit with treating physician for post cubital tunnel release checkup. The request for authorization, dated 12-11-2015 is for an office visit with treating physician for post cubital tunnel release checkup.

IMR ISSUES, DECISIONS AND RATIONALES

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

Office visit for evaluation of the bilateral hands post cubital tunnel release: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM, Chapter 7: Independent Medical Examinations and Consultations; Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS Forearm, Wrist, and Hand Complaints 2004, Section(s): Follow-up Visits.

Decision rationale: This worker has been injured since 2013 and has chronic pain. Physician follow-up is appropriate when a release to modified-, increased-, or full-duty work is needed, or after appreciable healing or recovery is expected. In this case, "appreciable" healing and recovery is not expected as the symptoms are chronic. The treatment plan is basic and a routine follow up visit in two weeks is not medically necessary based upon the records reviewed.