

Case Number:	CM14-0124220		
Date Assigned:	09/25/2014	Date of Injury:	03/18/2013
Decision Date:	10/31/2014	UR Denial Date:	07/23/2014
Priority:	Standard	Application Received:	08/06/2014

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. The expert reviewer is Board Certified in Orthopedic Surgery and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 52-year-old male who sustained a vocational injury on 03/18/13 when a toolbox fell on his forearm. Radiographs of the right elbow dated 07/09/13 showed essentially a normal study. The office note dated 08/20/14 described the claimant having neck, upper back, and right shoulder pain with numbness and tingling of the right hand. The claimant had pain radiating from his neck down into his right shoulder and arm as well as into his upper back. He had numbness and tingling in the right arm and into the ring and small fingers. Physical examination revealed tenderness along the medial aspect of the elbow near the cubital tunnel with positive Tinel's testing. The claimant was diagnosed with ulnar neuropathy of the right upper extremity, positive cubital tunnel syndrome and possible double-crush syndrome. The office note documented that the claimant underwent an EMG that revealed cubital tunnel syndrome. Conservative treatment to date has included physical therapy, antiinflammatories, bracing, and a Cortisone injection. This review is for right ulnar nerve decompression at the elbow as an outpatient.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right Ulnar Nerve decompression at elbow outpatient: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): pages 44. Decision based on Non-MTUS Citation ACOEM Guidelines (2007 Elbow revision, pages 45- 47) ; regarding surgery for ulnar nerve entrapment

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

Decision rationale: California ACOEM Guidelines note that with for surgical consideration for elbow disorders there should be clear clinical and electrophysiologic or imaging evidence of a lesion that has been shown to benefit in both the short and long term from surgical repair. Currently, the medical records lack of formal documentation to confirm the diagnosis of cubital tunnel syndrome which would be considered medically necessary prior to considering and proceeding with surgical intervention. Based on the documentation presented for review and in accordance with California ACOEM Guidelines, the request for the right ulnar nerve decompression at the elbow as an outpatient cannot be considered medically necessary.

Ice Therapy Unit: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG (<http://www.odg-twc/odgtwc/elbow.htm>) regarding heat and cold therapy

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Surgical intervention has been deemed not medically necessary and, thus, the request for an ice therapy unit is not medically necessary.

Shoulder Immobilizer: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Guidelines; (2nd edition, table 9 - 6); regarding sling for the shoulder

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Surgical intervention has been deemed not medically necessary and, thus, the request for a shoulder immobilizer unit is not medically necessary.