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| Case Number: | CM14-0146133 | | |
| Date Assigned: | 09/12/2014 | Date of Injury: | 11/26/2008 |
| Decision Date: | 10/15/2014 | UR Denial Date: | 08/14/2014 |
| Priority: | Standard | Application Received: | 09/09/2014 |

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:

58-year-old female with an industrial injury dated 11/26/08. Conservative treatments have included activity modification, heat, rest, home exercises, and medications. The patient is status post right hand surgery as of 1993, along with bilateral carpal tunnel release surgeries. Electrodiagnostic test dated 03/08/12 states there is evidence of left ulnar neuropathy and mild right carpal tunnel. Exam note 07/17/14 states that the patient returns with bilateral wrist pain in which the right is greater than the left. The patient rates the pain a 7-8/10 and complains of numbness and tingling in the fingers. Upon physical exam the patient had tenderness on both elbows, and moderate tenderness at the medial and lateral epicondyle of the right and the left had mild. Range of motion of the right elbow and forearm was noted as a 130' flexion, 0' extension, 80' pronation, and 75' supination. The left elbow and forearm had a full range of motion. There was medial tenderness along right right wrist and had a range of motion of 40' dorsiflexion and palmar extension, 20' radial deviation, 25' ulnar deviation, 70' pronation and supination. Range of motion for the left wrist was noted as 50' dorsiflexion and palmar extension, 20' radial deviation, 25' ulnar deviation, and 80' pronation and supination. The patient has weakness when completing daily activities and some abnormal sensations with slight pain in the left forearm. The patient was diagnosed with right cubital tunnel syndrome and treatment plan includes cubital tunnel surgery.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cubital Tunnel Release with possible anterior ulnar nerve transposition: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Elbow section, Surgery for cubital tunnel syndrome

Decision rationale: CA MTUS/ACOEM is silent on the issue of surgery for cubital tunnel syndrome. According to the ODG, Elbow section, Surgery for cubital tunnel syndrome, indications include exercise, activity modification, medications and elbow pad and or night splint for a 3-month trial period. In this case there is insufficient evidence in the records from 7/17/14 that the claimant has satisfied these criteria in the cited records. Therefore the determination is for not medically necessary.

Pre-Op follow-up with the Orthopedic Surgeon: Upheld

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

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.