

Case Number:	CM14-0146321		
Date Assigned:	09/12/2014	Date of Injury:	09/04/2012
Decision Date:	10/17/2014	UR Denial Date:	08/19/2014
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 South Dakota. 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:

The injured worker is a 51 year old male with a reported date of injury on September 04, 2012 while driving a tractor trailer. Treatment has included open reduction internal fixation (ORIF) performed September 13, 2012 subsequent to the injury. A utilization review determination dated February 12, 2014 approved a request for right hand arthroscopic evaluation and debridement of TFCC, assistant surgeon, Norco, Keflex, electrocardiogram, and splint. The injured worker followed through with the planned surgery in March of 2014 and was instructed to follow up in six weeks. The injured worker was also released to work to drive a tractor. A prior utilization review determination approved eight hand therapy visits on March 26, 2014. The injured worker is noted to be on modified duty and still driving the tractor per clinical note dated June 27, 2014 and work limitation slip dated May 07, 2014. A prior utilization review decision dated August 19, 2014 resulted in denial of right Ulnar Nerve Decompression at Cubital Tunnel with anterior subfascial submuscular transposition with Z-plasty lengthening of the flexor pronator origin right medial elbow, and other requests related to the surgery.

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 Cubital Tunnel with anterior subfascial submuscular transposition: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 37.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 37.

Decision rationale: The MTUS recommends against submuscular transposition of the ulnar nerve, as it has not been shown to be beneficial. This surgical option for this problem is high cost, invasive, and has side effects according to ACOEM. Therefore the medical necessity has not been established.

Associated surgical service: Z-plasty lengthening of the flexor pronator origin right medial elbow: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Washington State Department of Labor and Industries. Work-related ulnar neuropathy at the elbow (UNE) diagnosis and treatment. Olympia (WA): Washington State Department of Labor and Industries; 2010 Jan 1. 11p.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Elbow Disorders, page(s) 37

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

Associated surgical service: Application of Long Arm Splint:

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Elbow (acute and chronic): Splinting

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Elbow, Splinting (Padding)

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

Associated surgical service: PA Assistant: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.cms.gov/apps/physician-fee-schedule/overview.aspx> - Centers for Medicare and Medicaid services, Physician Fee Schedule Search, CPT Code 27447

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Elbow Disorders, page(s) 37

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

Associated surgical service: Keflex 500mg #20 with 1 refill: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Infectious Diseases, Keflex

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Infectious diseases, Cephalexin

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

Associated surgical service:10 Post Operative Physical Therapy Sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) elbow disorders, page(s) 37

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.