

<b>Case Number:</b>	CM14-0170629		
<b>Date Assigned:</b>	10/23/2014	<b>Date of Injury:</b>	02/23/2012
<b>Decision Date:</b>	12/15/2014	<b>UR Denial Date:</b>	09/16/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/15/2014

### 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 49 year old female with a 2/23/12 injury date. In an 8/18/14 note, the patient complained of worsened pain in the right shoulder and upper chest and back. Objective findings included tenderness and pain at the right thoracic area. In a 3/5/14 report, the patient had numbness to light touch and pinwheel prick of the right small, ring, and index finger. An electrodiagnostic study on 8/22/13 showed mild right cubital tunnel syndrome. Diagnostic impression: right cubital tunnel syndrome. Treatment to date: medications, acupuncture, physical therapy. A UR decision on 9/16/14 denied the request for surgical consultation for the right elbow because there was normal strength and sensation on physical exam and mild cubital tunnel syndrome on electrodiagnostic studies.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **Surgical Consultation for The Right Elbow: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), chapter 7: Consultations, page 127

**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) Chapter 6, page 127, 156

**Decision rationale:** CA MTUS states that consultations are recommended, and a health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial factors are present or when the plan or course of care may benefit from additional expertise. However, in this case there is a lack of physical exam documentation related to the right elbow and ulnar nerve complaints. Given the electrodiagnostic result of only mild cubital tunnel syndrome, positive exam findings would be needed to more fully establish the diagnosis. These would include positive Tinel's sign over the ulnar nerve at the elbow, ulnar nerve irritation during elbow range of motion, hand weakness or atrophy, and decreased 2-point discrimination in the ulnar nerve distribution. In addition, the great majority of cases improve with conservative treatment, and it does not appear that nighttime elbow extension splinting has been tried. The medical necessity for referral has not been established at this point. Therefore, the request for surgical consultation for the right elbow is not medically necessary.