

Case Number:	CM15-0016232		
Date Assigned:	02/05/2015	Date of Injury:	07/24/2013
Decision Date:	03/31/2015	UR Denial Date:	01/08/2015
Priority:	Standard	Application Received:	01/28/2015

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: Oregon, California
Certification(s)/Specialty: Neurological Surgery

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 36-year-old male who reported a repetitive strain injury on 07/24/2013. The current diagnoses include carpal tunnel syndrome, left ulnar nerve entrapment, right ulnar nerve entrapment, generalized anxiety disorder, panic disorder, obesity, and bilateral carpal tunnel syndrome. The latest physician's progress report submitted for review was documented on 08/15/2014. It was noted that the injured worker had complaints of bilateral hand numbness, weakness, and pain. The injured worker was scheduled for a left elbow subcutaneous anterior transposition of the ulnar nerve as well as left wrist carpal tunnel release. Upon examination, there was negative swelling, negative atrophy, and intact sensation. It is noted that the injured worker underwent electrodiagnostic studies on 12/18/2014, which revealed evidence of bilateral mild compression of the median and ulnar nerves. However, there were no recent physician progress notes submitted for this review. There was no Request for Authorization form submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pre-Op clearance, H&P Pre-OP: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.guidelines.gov/content.aspx?id=48408>; Perioperative protocol. Health care protocol, interventions and practices considered.

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.

associated surgical service: Pre-op CBC, PT/PTT INR, Chem7, Urine drug screen: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Low Back; Preoperative lab testing

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.

associated surgical service: Pre-OP chest Xray: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Preoperative testing, general

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.

associated surgical service: Pre-op EKG: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Preoperative electrocardiogram (ECG)

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.

Urgent Ulnar Nerve Decompression, Left Elbow with Medical Epicondylectomy: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007). Decision based on Non-MTUS Citation Official Disability Guidelines: Elbow; Surgery for cubital tunnel syndrome (ulnar nerve entrapment), Surgery for epicondylitis.

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

Decision rationale: The California MTUS/ACOEM Practice Guidelines state a referral for surgical consultation may be indicated for patients who have significant limitations of activity for more than 3 months, fail to improve with exercise programs, and who have clear clinical and electrophysiologic or imaging evidence of a lesion. In this case, it is noted that the injured worker has electrodiagnostic evidence of bilateral ulnar nerve entrapment; however, there were no recent physician progress notes submitted for review. There was no recent physical examination provided. There was no evidence of a recent attempt at any conservative treatment prior to the request for an additional surgical procedure. It is unclear whether the injured worker underwent the scheduled ulnar nerve transposition of the left elbow on 09/05/2014. Given the above, the request is not medically appropriate at this time.