

Case Number:	CM15-0113197		
Date Assigned:	06/19/2015	Date of Injury:	08/13/2013
Decision Date:	07/20/2015	UR Denial Date:	05/21/2015
Priority:	Standard	Application Received:	06/11/2015

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: California, Indiana, Oregon
Certification(s)/Specialty: Orthopedic 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 34 year old male, who sustained an industrial injury on 8/13/13. The injured worker was diagnosed as having SLAP tear of right shoulder, right rotator cuff sprain, status post arthroscopy right rotator cuff repair, subacromial decompression and debridement, right shoulder pain, right recurrent dislocation of shoulder and right cubital tunnel syndrome. Treatment to date has included revision surgery of right shoulder, physical therapy, home exercise program, and activity restrictions. Currently, the injured worker complains of stiffness with range of motion of right shoulder 3 months post op with pain rated 2-3/10 and numbness and tingling in the ulnar nerve distribution of right elbow with sensitivity over the medial aspect of the elbow. He is currently temporarily not working because no modified work is available. Physical exam noted well healed scar of right shoulder with mild pain on range of motion and right elbow with tenderness over the medial aspect of the elbow cubital canal. The treatment plan included continuation of physical therapy, home exercise program, proceeding with surgery for the right elbow cubital tunnel release.

IMR ISSUES, DECISIONS AND RATIONALES

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

One cubital tunnel release of the right elbow: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): s 44-45. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment Index, 11th Edition (Web), 2014, Elbow, Surgery for cubital tunnel syndrome (ulnar nerve entrapment).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 18.

Decision rationale: CA MTUS/ACOEM Elbow Complaints Chapter 10 (2007 supplement) page 18 states that focused NCS/EMG with "inching technique" is required for the accurate diagnosis of cubital tunnel syndrome. There is no evidence of cubital tunnel syndrome on the EMG from 12/19/13. Therefore the request is not medically necessary.