Case Number:	CM15-0114892		
Date Assigned:	06/23/2015	Date of Injury:	07/20/2012
Decision Date:	09/09/2015	UR Denial Date:	06/08/2015
Priority:	Standard	Application Received:	06/15/2015

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 43 year old male who sustained an industrial injury on 7/20/12 while using a jack hammer resulting in left shoulder injury with radiation to the left elbow and right shoulder with right hand numbness. He currently complains of left shoulder pain (5/10 decreased from 7/10 prior to surgery); numbness in his left small finger. On physical exam the left shoulder has a positive Neer's sign; left elbow has [positive Phalen's sign. He has sleep difficulties due to pain. Medications are Ultram; omeprazole. Diagnoses include left shoulder impingement syndrome; status post left shoulder arthroscopy (2/25/15); left cubital tunnel syndrome; medications. Treatments to date include physical therapy for the left shoulder; non-steroidal anti-inflammatory medications; bracing; epidural injections. Diagnostics include MRI of the cervical spine (12/30/14) abnormal; MRI of the left shoulder (12/23/14) showing acromioclavicular osteoarthritis; cyst formation humeral head; tendinosis. In the progress note dated 4/21/15 the treating provider's plan of care includes cubital tunnel release since the injured worker has failed conservative treatment with anti-inflammatories and physical therapy and has a positive proactive physical exam that is concordant with cubital tunnel syndrome.

IMR ISSUES, DECISIONS AND RATIONALES

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

Outpatient left cubital tunnel release: Upheld

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

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

Decision rationale: The injured worker is a 43 year old male who sustained an industrial injury on 7/20/12 while using a jack hammer resulting in left shoulder injury with radiation to the left elbow and right shoulder with right hand numbness. He currently complains of left shoulder pain (5/10 decreased from 7/10 prior to surgery); numbness in his left small finger. On physical exam the left shoulder has a positive Neer's sign; left elbow has positive Phalen's sign. He has sleep difficulties due to pain. Medications are Ultram; omeprazole. Diagnoses include left shoulder impingement syndrome; status post left shoulder arthroscopy (2/25/15); left cubital tunnel syndrome; medications. Treatments to date include physical therapy for the left shoulder; non-steroidal anti-inflammatory medications; bracing; epidural injections. Diagnostics include MRI of the cervical spine (12/30/14) abnormal; MRI of the left shoulder (12/23/14) showing acromioclavicular osteoarthritis; cyst formation humeral head; tendinosis. In the progress note dated 4/21/15 the treating provider's plan of care includes cubital tunnel release since the injured worker has failed conservative treatment with anti-inflammatories and physical therapy and has a positive proactive physical exam that is concordant with cubital tunnel syndrome.

Preoperative medical clearance to include a history and physical: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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.

Preoperative lab: PTT and INR: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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.

Preoperative lab: Chemistry panel: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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.

Preoperative EKG: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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.

Preoperative chest x-ray: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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.

Preoperative urinalysis: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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.

Preoperative lab: CBC: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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.

Post operative physical therapy for the left shoulder, twice a week for eight weeks: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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.