

Case Number:	CM15-0119176		
Date Assigned:	06/29/2015	Date of Injury:	02/21/2013
Decision Date:	08/07/2015	UR Denial Date:	05/22/2015
Priority:	Standard	Application Received:	06/19/2015

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: Maryland, Virginia, North Carolina
 Certification(s)/Specialty: Plastic 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:

This 38-year-old female sustained an industrial injury on 2/21/13. She subsequently reported right upper extremity pain. Diagnoses include cubital tunnel release. Treatments to date include MRI and x-ray testing, right wrist surgery, injections, and physical therapy and prescription pain medications. The injured worker continues to experience right elbow pain. Upon examination, there was decreased ulnar nerve distribution over the previous incision. Range of motion on bilateral elbows was decreased. Tinel's was positive on the right. A request for Intramuscular transposition versus revision subcutaneous transposition right elbow, Post-op physical therapy 2x6 weeks and the treating physician made Cold therapy unit purchase.

IMR ISSUES, DECISIONS AND RATIONALES

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

Intramuscular transposition versus revision subcutaneous transposition right elbow:
 Overturned

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 27.

Decision rationale: The patient is a 38-year-old female with signs and symptoms of a probable recurrent right cubital tunnel syndrome or previously incomplete release. This is supported by her history and examination findings including numbness in the ulnar nerve distribution and Tinel's sign overlying the previous incision. EDS (electro diagnostic studies) support this showing slowing of the ulnar nerve across the elbow and her condition has failed conservative management of bracing, physical therapy and medical management. Her previous surgery was stated as being over 14 months ago. From Chapter 10, ACOEM, from page 27, "Surgery for ulnar nerve entrapment requires establishing a firm diagnosis on the basis of clear clinical evidence and positive electrical studies that correlate with clinical findings. A decision to operate requires significant loss of function, as reflected in significant activity limitations due to the nerve entrapment and that the patient has failed conservative care, including full compliance in therapy, use of elbow pads, removing opportunities to rest the elbow on the ulnar groove, workstation changes (if applicable), and avoiding nerve irritation at night by preventing prolonged elbow flexion while sleeping. Before proceeding with surgery, patients must be apprised of all possible complications, including wound infections, anesthetic complications, nerve damage, and the high possibility that surgery will not relieve symptoms. Absent findings of severe neuropathy such as muscle wasting, at least 3-6 months of conservative care should precede a decision to operate." Therefore, based on the entire clinical picture including documentation from the UR, the patient has a diagnosis of recurrent or incomplete release of a previous cubital tunnel syndrome on the right side. She has failed reasonable conservative management and her diagnosis is supported by stated EDS findings. Therefore, right cubital tunnel release with possible transposition should be considered medically necessary as confirmed by the UR.

Post-op physical therapy 2x6 weeks: Upheld

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

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 16 and 10.

Decision rationale: As the procedure was considered medically necessary, postoperative physical therapy should be considered medically necessary based on the following guidelines: Cubital tunnel release [DWC]: Postsurgical treatment: 20 visits over 3 months; Postsurgical physical medicine treatment period: 6 months. From page 10, "Initial course of therapy" means one half of the number of visits specified in the general course of therapy for the specific surgery in the postsurgical physical medicine treatment recommendations set forth in subdivision (d) (1) of this section. Therefore, based on these guidelines, 12 visits would exceed the initial course of therapy guidelines and should not be considered medically necessary. Up to 10 visits would be consistent with these guidelines.

Cold therapy unit purchase: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Continuous cold therapy.

Decision rationale: The Official Disability Guidelines (ODG) indicates that Continuous Cold Therapy (CCT) is recommended as an option only in the postoperative setting, with regular assessment to avoid frostbite. Postoperative use generally should be no more than seven (7) days, including home use. Passive modalities, such as heat, should be minimized in favor of active treatments. Therefore, a cold therapy unit purchase would exceed the guidelines for a 7-day use. This request is not medically necessary.