

Case Number:	CM15-0122371		
Date Assigned:	07/06/2015	Date of Injury:	04/22/2010
Decision Date:	09/23/2015	UR Denial Date:	05/22/2015
Priority:	Standard	Application Received:	06/24/2015

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

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 56 year old female who sustained an industrial injury on 04/22/2010. The injured worker was diagnosed with bilateral cubital tunnel syndrome, bilateral thumb basal joint arthralgia and arthritis and bilateral hand and wrist tendonitis. The injured worker has a medical history of diabetes mellitus, gastroesophageal reflux disorder (GERD) and hypertension. The injured worker is status post right carpal tunnel release and right index and middle trigger finger release in October 2011. Treatment to date has included diagnostic testing, surgery, physical therapy, wrist supports, home health care and medications. According to the primary treating physician's progress report on March 30, 2015, the injured worker continues to experience left elbow pain radiating down the left arm to the left hand/wrist associated with numbness and tingling and right index and middle finger and arm pain. The injured worker rates her left elbow pain level at 5/10 and left hand/wrist pain at 3/10. The injured worker rates her right index and middle finger pain level at 8-9/10 with occasional triggering and her right hand/wrist/thumb pain at 8/10 with numbness radiating to the right arm. Range of motion of the bilateral elbows was within normal limits with tenderness to palpation with bilateral positive Tinel's and elbow flexion tests. There was tenderness to palpation at the thumb basal joints, right greater than left. There was decreased sensation to light touch in the ulnar nerve distribution bilaterally. Current medications were not documented. Treatment plan consists of a left and right Pil-O splint and the current request for a left cubital tunnel release, right cubital tunnel release, post-operative physical therapy times 12 sessions, post-operative Interferential Stimulator (IF) unit, post-operative cold therapy unit, post-operative home care services, Vicodin ES post-operatively.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left cubital tunnel release qty 1.00: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 240. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Treatment in Workers Compensation (TWC), Cubital tunnel syndrome.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Elbow section, Surgery for cubital tunnel syndrome.

Decision rationale: CA MTUS/ACOEM is silent on the issue of surgery for cubital tunnel syndrome. According to the ODG, Elbow section, Surgery for cubital tunnel syndrome, indications include exercise, activity modification, medications and elbow pad and or night splint for a 3-month trial period. In this case there is insufficient evidence in the exam note of 3/30/15 that the claimant has satisfied these criteria. Therefore the request is not medically necessary.

Right Cubital tunnel release qty 1.00: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 240. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Treatment in Workers Compensation (TWC), Cubital tunnel syndrome.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Elbow section, Surgery for cubital tunnel syndrome.

Decision rationale: CA MTUS/ACOEM is silent on the issue of surgery for cubital tunnel syndrome. According to the ODG, Elbow section, Surgery for cubital tunnel syndrome, indications include exercise, activity modification, medications and elbow pad and or night splint for a 3-month trial period. In this case there is insufficient evidence in the exam note of 3/30/15 that the claimant has satisfied these criteria. Therefore the request is not medically necessary.

Associates Surgical Services: Home care (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.

Post operative IF unit (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.

Post operative cold therapy unit (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.

Post operative Physical therapy Qty 12.00: 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 Vicodin ES 1-2 tablets every 4-6 hours as needed qty 60.00: 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.