

Case Number:	CM15-0171377		
Date Assigned:	09/11/2015	Date of Injury:	08/26/2013
Decision Date:	11/03/2015	UR Denial Date:	08/24/2015
Priority:	Standard	Application Received:	08/31/2015

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 49-year-old female, who sustained an industrial injury on 08-26-2013. The injured worker is currently working with modified duties. Medical records indicated that the injured worker is undergoing treatment for status post left shoulder subacromial decompression with Mumford procedure and repair of rotator cuff tear, left cubital tunnel syndrome with medial epicondylitis, and bilateral carpal tunnel syndrome. Treatment and diagnostics to date has included left shoulder surgery, physical therapy, injections, and medications. Medications as of 12-08-2014 included Nalfon, Omeprazole, Ondansetron, Cyclobenzaprine, Tramadol, Lunesta, Tylenol #3, Sumatriptan Succinate, Cymbalta, Norco, Levofloxacin, and Menthoderm gel. Electrodiagnostic studies dated 05-15-2015 revealed cubital tunnel syndrome to the left elbow and Guyon canal syndrome to the left wrist. In a progress note dated 07-20-2015, the injured worker reported constant left elbow pain rated 8 out of 10 on the pain scale, intermittent pain in both wrists and hands rated 6 out of 10, and occasional discomfort in the left shoulder rated 1-2 out of 10. Objective findings included tenderness at the medial aspect of the left elbow, positive Tinel's sign over the left cubital tunnel with full but painful range of motion, tenderness over the volar aspect of wrist, and positive Tinel's sign over the carpal canal with full but painful range of motion. The physician stated that the injured worker "has been having increasing problems with her left elbow with confirmed findings of cubital tunnel syndrome on electromyography" and "has not improved with attempts at physical therapy or cortisone injections". The Utilization Review with a decision date of 08-24-2015 non-certified the request for left cubital tunnel and medial epicondylar release and associated surgical services including

medical clearance, an arm sling, and postoperative rehabilitation and gentle range of motion exercises 3 times a week times 4 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left Cubital Tunnel and Medial Epicondylar Release: Upheld

Claims Administrator guideline: Decision based on MTUS Elbow Complaints 2007.

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 CA MTUS/ACOEM Guidelines are 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. Simple decompression is recommended unless instability is documented. In this case, the symptoms are mild and there is no explicit documentation of elbow pad or night splint trial. Based on this, the request is not medically necessary.

Associated Surgical Service: Medical Clearance: 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.

Associated Surgical Service: Arm Sling: 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 Rehab and Gentle Range of Motion Exercises (12-sessions, 3 times a week for 4-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.