

Case Number:	CM15-0172226		
Date Assigned:	09/14/2015	Date of Injury:	09/14/2014
Decision Date:	10/19/2015	UR Denial Date:	08/13/2015
Priority:	Standard	Application Received:	09/01/2015

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:

This 57 year old man sustained an industrial injury on 9-14-2014. The mechanism of injury is not detailed. Diagnoses include right medial epicondylitis and cubital tunnel syndrome, carpal tunnel syndrome and double crush, right thumb degenerative joint disease, plantar fasciitis of the left foot, cervical discopathy with radiculitis, cervicgia, thoracic discopathy, and lumbar discopathy with radiculitis. Treatment has included oral medications and cortisone injection. Physician notes dated 7-16-2015 show complaints of increasing right elbow pain rated 7 out of 10, intermittent cervical spine pain rated 2 out of 10, intermittent left wrist and hand pain rated 2-3 out of 10 intermittent right hand and thumb pain and weakness rated 3 out of 10, low back pain with radiation to the bilateral lower extremities rated 5 out of 10, intermittent right foot pain rated 3 out of 10, left ankle pain rated 3 out of 10, and associated difficulty sleeping due to pain. the physical examination shows a normal gait, palpable paravertebral muscle tenderness with spasms, positive Spurling's maneuver, chronic headaches, tension between the shoulder blades, radiculopathy with double crush, limited cervical spine range of motion due to pain and no evidence of instability, numbness and tingling in the lateral forearms and hands correlating to C6 and C7 dermatome, slight weakness in wrist extensors and flexors as well as biceps, triceps, and finger extensors, tenderness to the medial epicondylar elbow region and the cubital fossa with extension into the ulnar two digits, range of motion is full and painful, diminished sensation is noticed in the ulnar two digits, tenderness at the right thumb and hand, positive palmar compression test, positive Tinel's sign is positive over the carpal canal, range of motion is full but painful, diminished sensation is noted in the radial digits, tenderness in the volar aspect of

the wrist, positive palmar compression test, range of motion in the left wrist and hand is full but painful, tenderness is noted in the thoracic midline and lumbar paravertebral muscles, sealed nerve root test is positive, standing flexion and extension are guarded and restricted, there is no clinical evidence of instability, circulation to the bilateral lower extremities is good, coordination and balance is intact, tingling and numbness is noted in the thigh and foot which correlates to the L5 and S1 dermatome, full strength and reflexes are noted, the bilateral feet show tenderness to the plantar aspect, pain with forced dorsiflexion, and no evidence of instability. Recommendations include surgical intervention, post-operative physical therapy, medical clearance with internal medicine, and follow up in several weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 right medial epicondylar release with possible cubital tunnel release: Upheld

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

MAXIMUS guideline: Decision based on MTUS Elbow Complaints 2007, Section(s): Diagnostic Criteria.

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. As there is no evidence of cubital tunnel syndrome on the EMG the request is not medically necessary.

Associated surgical service: 1 medical clearance with an internist: 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: As the requested surgical procedure is not medically necessary, none of the associated services are medically necessary and appropriate.

Associated surgical service: 1 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: As the requested surgical procedure is not medically necessary, none of the associated services are medically necessary and appropriate.

12 post-op sessions of rehab and gentle range in motion exercises: 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: As the requested surgical procedure is not medically necessary, none of the associated services are medically necessary and appropriate.