

Case Number:	CM15-0179530		
Date Assigned:	09/21/2015	Date of Injury:	12/13/2012
Decision Date:	11/24/2015	UR Denial Date:	08/31/2015
Priority:	Standard	Application Received:	09/11/2015

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 51 year old female, who sustained an industrial injury on December 13, 2012. She reported pain in the neck, bilateral shoulders, arm, forearm, wrist and hand with numbness in the bilateral forearms, wrists and hands as well as digits 3, 4 and 5. The injured worker was diagnosed as having status post bilateral carpal tunnel releases (2014) and bilateral carpal tunnel syndrome. Treatment to date has included diagnostic studies, electrodiagnostic studies and wrist splints. Currently, the injured worker continues to report pain in the bilateral elbow pain and pain in digits 3, 4 and 5. The injured worker reported an industrial injury in 2012, resulting in the above noted pain. She was without complete resolution of the pain. Evaluation on February 25, 2015, revealed tingling and numbness on the ulnar side of the hand. Electrodiagnostic studies on April 28, 2015, revealed no clear motor weakness, no sensory deficit and symmetrical reflexes. Evaluation on August 19, 2015, revealed a cessation of the numbness and tingling however there was ongoing problems in the digits. It was noted she was working and now having marked tenderness at the medial elbows with positive Tinel's sign over the cubital tunnel on bilateral sides. The RFA included requests for CBC, CMP, Cubital tunnel release and medical epicondylectomy for the right elbow, Custom orthosis, Post-Op therapy 2 times a week for 6 weeks and Pre-op History and Physical and was non-certified on the utilization review (UR) on August 31, 2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cubital tunnel release and medical epicondylectomy for the right elbow: Upheld

Claims Administrator guideline: Decision based on MTUS Elbow Complaints 2007, and Ankle and Foot Complaints 2004, and Chronic Pain Medical Treatment 2009, and Postsurgical Treatment 2009.

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.

Pre-op 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: As the requested surgical procedure is not medically necessary, none of the associated services are medically necessary and appropriate.

CBC, CMP: 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.

Post-Op therapy 2 times a week for 6 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: As the requested surgical procedure is not medically necessary, none of the associated services are medically necessary and appropriate.

Custom Orthosis: Upheld

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

MAXIMUS guideline: Decision based on MTUS Elbow Complaints 2007, Section(s): Ulnar Nerve Entrapment.

Decision rationale: CA MTUS/ACOEM, Elbow Disorders, page 26 states that the use of a brace is supported for conservative treatment. The exam notes do demonstrate any functional deficits or instability that would warrant an elbow brace. Therefore the request for an elbow brace is not medically necessary and appropriate.