

Case Number:	CM15-0179541		
Date Assigned:	09/21/2015	Date of Injury:	09/18/2014
Decision Date:	11/23/2015	UR Denial Date:	08/13/2015
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 56 year old female, who sustained an industrial-work injury on 9-18-14. She reported initial complaints of bilateral wrist-hands and left elbow pain. The injured worker was diagnosed as having right elbow sprain-strain, left elbow cubital tunnel syndrome, right wrist strain-sprain, and right wrist carpal tunnel syndrome. Treatment to date has included medication and activity modification. EMG-NCV (electromyography and nerve conduction velocity test) were reported on 1-5-15 that demonstrated entrapment neuropathy of the median nerve at the right wrist with very mild slowing of nerve conduction velocity, entrapment neuropathy of the ulnar nerve across the left elbow with very mild slowing of the nerve conduction velocity. Currently, the injured worker complains of persistent symptomology: there was some relief in the right elbow but there was pain and discomfort in the left elbow rated 8 out of 10, bilateral hand complaints, left hand rated 8 out of 10, right hand rated 5 out of 10 and use of hands for holding, grasping, and gripping. Per the primary physician's progress report (PR-2) on 7-13-15, exam of the left elbow demonstrates 4 out of 5 strength of the left upper extremity, numbness in the left upper extremity, range of motion is near normal with pain, and positive Tinel's test. Current plan of care includes surgery. The Request for Authorization date was 8-3-15 and requested service to include Left anterior ulnar nerve transposition and possible ulnar nerve decompression or medial epicondylectomy, Pre-Op Medical clearance, Post-operative physical therapy x8, CPM & TENS Unit for 14 day rental, Shoulder sling, and Post op Norco. The Utilization Review on 8-13-15 denied the request due to lack of full course of conservative treatment, significant loss of function or severe neuropathy, per CA MTUS (California Medical

Treatment Utilization Schedule) Guidelines and ACOEM (American College of Occupational and Environmental Medicine) Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left anterior ulnar nerve transposition and possible ulnar nerve decompression or medial epicondylectomy: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment 2009.

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: 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. Simple decompression is recommended unless instability is documented. In this case there is no instability of the ulnar nerve documented and therefore the combined request is not medically necessary.

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

Post-operative physical therapy x8: 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.

CPM & TENS Unit for 14 day rental: 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.

Shoulder 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.

Post-operative Norco: 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.