

<b>Case Number:</b>	CM15-0065519		
<b>Date Assigned:</b>	04/13/2015	<b>Date of Injury:</b>	07/31/2012
<b>Decision Date:</b>	05/28/2015	<b>UR Denial Date:</b>	03/13/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/06/2015

### 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, Sports Medicine

### 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 63 year old male, who sustained an industrial injury on 7/31/12. The mechanism of injury involved a fall. The injured worker was diagnosed as having impingement right shoulder; right cubital tunnel syndrome; status post radial head and medial epicondyle fracture; right carpal wrist sprain; CMC arthrosis and DJD. Treatment to date has included right elbow surgeries; MRI right shoulder, wrist and hand (10/1/14); MRI right wrist with arthrogram (11/19/12); physical therapy; and medications. The injured worker presented on 03/09/2015 with complaints of right hand pain. Medication was providing minimal improvement of pain. EMG/NCV upper extremity findings are of severe right cubital tunnel syndrome and x-ray of 11/10/14 report findings of an old radial head and medial epicondyle fractures with multiple loose bodies. There was no subluxation of the ulnar nerve on elbow motion. The provider requested a right anterior transposition surgery due to right tardy ulnar palsy. A Request for Authorization Form was submitted on 03/09/2015.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**One (1) anterior transposition:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Elbow (Acute & Chronic).

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 44-49.

**Decision rationale:** The California MTUS/ACOEM Practice Guidelines state a referral for surgical consultation may be indicated for patients who have significant limitations of activity for more than 3 months, failure to improve with exercise programs, and clear clinical and electrophysiologic evidence of a lesion. Studies show that while effective, the complication rates following anterior transposition is higher than those of a simple decompression. In this case, there was no evidence of an exhaustion of all conservative treatment to include active rehabilitation or immobilization. There was no documentation of any exceptional factors, such as subluxation, to support the necessity for an anterior transposition rather than a simple decompression. Given the above, the request is not medically necessary.

**Twelve (12) post-op physical therapy visits:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Postsurgical Treatment Guidelines.

**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.

**One(1) prescription of Ceclor 250mg #4:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Work Loss Data Institute: Infectious diseases, Encinitas (CA): Work Loss Data Institute, 2013 Jun 28, various p.

**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.

**One (1) prescription of Norco 5/325mg #60:** 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.

