

Case Number:	CM15-0095622		
Date Assigned:	05/22/2015	Date of Injury:	12/01/2010
Decision Date:	06/24/2015	UR Denial Date:	05/08/2015
Priority:	Standard	Application Received:	05/18/2015

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 year 40 old, female who sustained a work related injury on 12/1/10. The diagnoses have included possible right triangular fibrocartilage complex tear, right extensor carpiulnaris tenosynovitis, right hand paresthesias, moderate right cubital tunnel syndrome and right volar radial ganglion cyst. Treatments have included chiropractic treatments with some benefit, night splinting, oral medications and Voltaren gel. In the PR-2 dated 4/21/15, the injured worker complains of right ulnar wrist pain with right hand paresthesias. She describes the pain as constant, moderate and burning. She rates her pain level a 4/10. She localizes the pain to the right volar ulnar wrist. Her pain is made worse by activity with use of wrist. She has improved pain from rest. She has tenderness to palpation at the ulnar and volar aspects of wrist. She has some decreased range of motion in right wrist. The treatment plan includes requests for authorization for right cubital tunnel release surgery and for a cortisone injection to the right wrist at the time of surgery.

IMR ISSUES, DECISIONS AND RATIONALES

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

Surgery: right cubital tunnel release with transposition: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 36-38.

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 favored over transposition in cases where there is lack of documentation of subluxation on ROM. In this case there is ample evidence of EMG proven ulnar nerve entrapment failing 3 months of non-operative treatments, but there is lack of evidence that the nerve is subluxating requiring the transposition. Therefore the request for transposition is not medically necessary.

Associated surgical services: DME: cold therapy unit times 21 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 base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) elbow.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.