

Case Number:	CM15-0096548		
Date Assigned:	05/26/2015	Date of Injury:	06/21/2014
Decision Date:	06/25/2015	UR Denial Date:	04/22/2015
Priority:	Standard	Application Received:	05/19/2015

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 45 year old male, who sustained an industrial injury on June 21, 2014. He reported neck pain, shoulder pain, headaches and dizziness. The injured worker was diagnosed as having peripheral vertigo, dizziness and giddiness, vestibulopathy and oculomotor dysfunction. Treatment to date has included radiographic imaging, diagnostic studies, conservative care, medications and work restrictions. Currently, the injured worker complains of neck and shoulder pain, decreased range of motion in the cervical spine, bilateral paraspinals, upper trapezius and right scalene spasm, headache and imbalance. The injured worker reported an industrial injury in 2014, resulting in the above noted pain. He was treated conservatively without complete resolution of the pain. Cervical trigger point injections were administered on March 26, 2014, with significant improvement noted. Evaluation on May 5, 2015, revealed continued pain as noted with associated symptoms. It was noted magnetic resonance imaging of the cervical spine revealed multilevel degenerative joint disease, facet arthropathy and disc protrusions. Electroencephalogram was noted as normal. Outpatient neurolysis of the ulnar nerve was requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

Outpatient Neurolysis of the ulnar nerve: 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-Indications for Surgery.

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. In this case there is insufficient evidence from the record of the most recent clinical visit 5/5/15 that the claimant has satisfied these criteria specifically the night splinting or elbow pad. Therefore, the determination is not medically necessary.