

<b>Case Number:</b>	CM13-0031239		
<b>Date Assigned:</b>	12/18/2013	<b>Date of Injury:</b>	10/02/2012
<b>Decision Date:</b>	01/31/2014	<b>UR Denial Date:</b>	08/29/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/03/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in plastic surgery, and is licensed to practice in Maryland, North Carolina, and Virginia. 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 physician 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 patient is a 28 year old female with a stated work related injury of 10/2/12 related to "repetitive motion". Initial documentation dated 10/3/12 notes pain of the lateral epicondyle of the right elbow with full range of motion, as well as right wrist pain. X-rays were reported as negative for fracture. Patient with work restriction documented as no use of the right upper extremity beginning 10/5/12. Documentation from 10/25/12 notes follow-up of cervical strain, right elbow strain and right wrist tenosynovitis. Patient is improving from physical therapy. There is moderate tenderness of the right lateral epicondyle with grip and full range of motion of the elbow. Therapy notes document treatment with myofascial release, iontophoresis and paraffin bath as well as other therapeutic measures. Documentation from 11/7/12 states numbness, tingling and weakness of the right upper extremity, but with a normal elbow exam. Anti-inflammatory gel to elbow and wrist and physical therapy was recommended. Documentation dated 11/13/12 states pain on the lateral aspect of the elbow, wrist and right cervical region. Diagnosis stated as lateral epicondylitis, right wrist sprain and possible cervical radiculopathy. Documentation dated 1/2/13 states full range of motion of the elbow without tenderness over the medial epicondyle or olecranon bursa. There is full hand range of motion without intrinsic atrophy. Assessment is stated as "cervical strain, spasm and radiculopathy into the right upper extremity at the C6 level." Anti-inflammatory medications are recommended. Examination on 1/30/13 noted "burning in the upper extremity which occasionally becomes a dull aching 8/10 pain that is radiating into the neck, wrist and elbow." In addition, she has cervical pain. She is documented to have full range of motion of the hand and diminished light touch bilaterally in the C6 distribution. The assessment is that the patient has cervical strain, spasm and radiculopathy. Recommendations are made for further physical therapy relating to possible cervical radiculopathy and EMG studies of the upper extremity. No EMG studies are

provided in the medical records reviewed. Utilization Review dated 8/29/13 approved MRI arthrogram of right wrist and denied right cubital tunnel release. Reason for denial is stated as failure of appropriate conservative treatment, mainly use of elbow pads and night splints had not been adequately documented.(ACOEM, Elbow complaints chapter, p 36-38 and Table 5).

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Right cubital tunnel release:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 269.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 37.

**Decision rationale:** The Physician Reviewer's decision rationale: The patient is a 28 year old female with a documented work injury related to apparent repetitive activity, as no specific trauma has been documented. Initially, she had pain of the right elbow and diagnosed with lateral epicondylitis. Over her course, her main issue appears to be related to a well-documented cervical radiculopathy. Her initial elbow pain does not appear to significant in the most recent examinations, as her elbow exam was essentially normal. In addition, there is insufficient evidence to suggest that she has a clear ulnar nerve compression at the elbow, for which surgical treatment may be appropriate if appropriate conservative management has been attempted and documented. In addition, in the records provided there is no confirmatory electrodiagnostic studies of an ulnar nerve compression/entrapment. From ACOEM elbow complaints chapter page 37, "Surgery for ulnar nerve entrapment requires establishing a firm diagnosis on the basis of clear clinical evidence and positive electrical studies that correlate with clinical findings. A decision to operate requires significant loss of function, as reflected in significant activity limitations due to the nerve entrapment and that the patient has failed conservative care, including full compliance in therapy, use of elbow pads, removing opportunities to rest the elbow on the ulnar groove, workstation changes (if applicable), and avoiding nerve irritation at night by preventing prolonged elbow flexion while sleeping. Before proceeding with surgery, patients must be apprised of all possible complications, including wound infections, anesthetic complications, nerve damage, and the high possibility that surgery will not relieve symptoms. Absent findings of severe neuropathy such as muscle wasting, at least 3-6 months of conservative care should precede a decision to operate. "I would argue that she does not have significant loss of function, appropriate conservative treatment has not been documented and that she does not have evidence of muscle wasting. Thus, the UR was correct in its denial.