

Case Number:	CM13-0045918		
Date Assigned:	12/27/2013	Date of Injury:	08/05/2012
Decision Date:	03/11/2014	UR Denial Date:	10/22/2013
Priority:	Standard	Application Received:	11/12/2013

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 Orthopedic Surgery, and is licensed to practice in California. 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:

A 47 year old female with date of injury 8/5/12. Supplemental report from 12/7/12 demonstrates report of severe tenderness and swelling over right elbow. Request for MRI right elbow. The MRI right elbow 1/18/13 demonstrates severe medial epicondylitis with extensive tearing of flexor pronator mass. Report from PR-2 of 1/22/13 demonstrates lack of supination and weakness of muscles acting in the right elbow. Report of severe tenderness over the medial epicondyle and patient cannot tolerate Tinel's sign.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right elbow Arthroscopy, Division of Capsule with Loose body Removal Tenoplasty, Cubital Tunnel Release with Possible Ulnar Nerve Transposition, Possible Medial Epicondylectomy: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG/online article titled, "Elbow Arthroscopy"

MAXIMUS guideline: Decision based on MTUS ACOEM.

Decision rationale: 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. In this clinical scenario there is lack of documentation of evidence on cubital tunnel syndrome correlating with EMG/NCV testing and therefore is non-certified.