

<b>Case Number:</b>	CM14-0014869		
<b>Date Assigned:</b>	02/28/2014	<b>Date of Injury:</b>	07/12/2012
<b>Decision Date:</b>	09/18/2014	<b>UR Denial Date:</b>	01/29/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/05/2014

### 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. The expert 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 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/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 47-year-old female who has submitted a claim ulnar nerve compression associated with an industrial injury date of 07/12/2012. Medical records from 01/01/2013 to 02/07/2014 were reviewed and showed that patient complained of intermittent right elbow pain graded 6/10 occurring 3-4 times a day. Physical examination revealed tenderness over the right lateral epicondylar region. Full right elbow ROM was noted. MMT and DTR were intact for the right upper extremity. Tinel's sign was positive on the right elbow. EMG-NCV study of bilateral upper extremities dated 09/03/2013 revealed right ulnar nerve irritation, most likely at the elbow. Treatment to date has included right lateral elbow tenotomy with steroid injection (01/08/2014), physical therapy, HEP, activity modification, ice pack application, and pain medications.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**POST-OP PHYSICAL THERAPY VISITS FOR THE RIGHT ELBOW, #8:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Postsurgical Treatment Guidelines.

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

**Decompression fasciotomy for the right elbow: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 603.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 270-271. Decision based on Non-MTUS Citation ODG- Forearm, Wrist and Hand Section, Surgery for Cubital Tunnel Syndrome (Ulnar Nerve Entrapment).

**Decision rationale:** CA MTUS ACOEM Guidelines state that surgical intervention is indicated for patients with clear clinical and special study evidence of a lesion that has been shown to benefit, in both the short and long term, from surgical intervention. Surgical treatment is indicated in patients who fail to respond appropriately to conservative treatment or when symptoms recur after an initial response. Conservative treatment aimed at protecting the ulnar tunnel from trauma frequently is effective. Occasionally, surgical decompression of the ulnar tunnel is required. ODG states that criteria for ulnar nerve decompression includes failure in conservative management involving exercise, activity modification, medications, and use of a splint for 3 months. In this case, patient complained of right elbow pain with positive tenderness and weakness graded 4/5 of elbow muscles. Electrodiagnostic testing showed ulnar nerve irritation at the level of right elbow. Patient underwent 2 sessions of physical therapy as cited from progress report dated 09/27/2013. Patient likewise had right elbow steroid injection, however, she had an allergic reaction. Symptoms persisted despite treatments given; hence this request for decompression fasciotomy. However, there was no evidence of exhaustion of conservative care. Patient only underwent two sessions of PT and there was no evidence that an elbow splint was recommended. Guideline criteria were not met. Therefore, the request for right elbow decompression fasciotomy was not medically necessary.