

<b>Case Number:</b>	CM14-0016632		
<b>Date Assigned:</b>	04/11/2014	<b>Date of Injury:</b>	01/23/1998
<b>Decision Date:</b>	05/29/2014	<b>UR Denial Date:</b>	02/05/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/10/2014

### 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 claimant is a 58-year-old who was injured in a work related accident on January 23, 1998. Clinical records for review indicate a specific request for right partial medial epicondylectomy and decompression of the ulnar nerve. Recent records to date include a January 14, 2014 progress report indicating continued epicondylar pain and hypersensitivity in an ulnar nerve distribution with physical examination showing a positive Tinel sign and tenderness. It states the claimant has exhausted conservative care including therapy and injections and wished to pursue medial epicondylectomy and decompression of the ulnar nerve. Strength was noted to be 4+/5 with grip strength, interscapular muscles and wrist extensors.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **RIGHT PARTIAL MEDIAL EPICONDYLECTOMY AND DECOMPRESSION 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 MTUS Elbow Disorders Chapter (ACOEM Practice Guidelines, 2nd Edition (Revised 2007), Chapter 10), page 237.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 236. Decision based on Non-MTUS Citation Chapter 10 (Revised 2007), page 237.

**Decision rationale:** Based on the Elbow Disorders Chapter of the ACOEM Practice Guidelines, the role of dual surgery in the form of medial epicondylectomy and decompression of the ulnar nerve to be performed together would not be indicated. This individual is with negative electrodiagnostic studies that do not confirm the presence of ulnar compression at the elbow. Based on the above, the specific surgical request would not be supported by the guidelines as there is no clinical correlation between exam findings and electrodiagnostic testing. The request for a right partial medial epicondylectomy and decompression of the ulnar nerve is not medically necessary or appropriate.

**POST-OPERATIVE OCCUPATIONAL THERAPY (RIGHT ARM/ELBOW) (2X6):**

Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not cite any medical evidence for its decision.

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