

<b>Case Number:</b>	CM14-0173153		
<b>Date Assigned:</b>	10/23/2014	<b>Date of Injury:</b>	05/14/2012
<b>Decision Date:</b>	12/02/2014	<b>UR Denial Date:</b>	10/10/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/20/2014

### 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, has a subspecialty in Hand Surgery and is licensed to practice in Texas. 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 injured worker is a 57-year-old male. The injured worker underwent right elbow surgery for tennis elbow on 11/07/2013. The mechanism of injury was the injured worker hit his elbow and developed pain. The injured worker was noted to have injections in the elbow in the past. Other therapies included physical therapy. There was a Request for Authorization submitted for review. The documentation of 09/02/2014 revealed the injured worker had a right forearm injection on 08/05/2014 that gave relief. The injection helped 5% to 10%. The physical examination revealed the injured worker had moderate and localized tenderness. The treatment plan included release of radial tunnel of elbow. The diagnoses included radial tunnel syndrome.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Associated surgical service: release of the right radial tunnel of elbow: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 38. Decision based on Non-MTUS Citation Official Disability Guidelines, Elbow (acute & chronic)

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 45-47.

**Decision rationale:** The American College of Occupational and Environmental Medicine indicates a surgical consultation may be appropriate for injured workers who have significant limitations of activity for more than 3 months, a failure to improve with exercise programs to increase range of motion and strength of the musculature around the elbow, or who have clear and electrophysiologic or imaging evidence of a lesion that has been shown to benefit in both the short and long term from surgical repair. Additionally, they indicate that the surgery for radial nerve entrapment requires establishing a firm diagnosis on the basis of clear clinical evidence and positive electrodiagnostic studies that correlate with clinical findings. The clinical documentation submitted for review failed to provide documentation of conservative care specifically directed at the right elbow, with the exception of the injection. There was a lack of documentation indicating the injured worker underwent an EMG/nerve conduction study to support the necessity for surgical intervention. Given the above, the request for associated surgical service, release of the right radial tunnel of the elbow is not medically necessary.

**Associated surgical service: vascultherm 4DVT system with hot-cold compression:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Knee & Leg (acute & chronic)

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

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

**Associated surgical service: pre-op visit with an internist or general practitioner:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Surgery General Information and Ground Rules, California Official Medical Fee Schedule, 1999 edition, pages 92-93

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

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

**Associated surgical service: referral for medical clearance:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Surgery General Information and Ground Rules, California Official Medical Fee Schedule, 1999 edition, pages 92-93

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

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

