Case Number:	CM14-0026959		
Date Assigned:	06/13/2014	**Date of Injury:**	01/03/2012
Decision Date:	07/30/2014	**UR Denial Date:**	02/11/2014
Priority:	Standard	**Application Received:**	03/04/2014

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:

This 41-year-old female forklift operator sustained an industrial injury on 1/3/12, relative to repetitive heavy lifting. She underwent left carpal tunnel release in May 2012, left middle and ring trigger finger releases on 4/18/13, and right middle trigger finger release on 8/1/13. The 10/23/13 treating physician report documented a diagnosis of right tennis elbow. Significant lack of elbow range of motion was noted. The treatment plan recommended elbow MRI, aggressive physical therapy and tennis elbow brace. The 11/9/13 right elbow MRI impression documented moderate fluid in the elbow joint, partial tear of the triceps tendon, lateral elbow joint cyst, sprain of the lateral collateral ligament complex, and extrinsic impingement on the cubital tunnel. Records indicated the patient completed 8 physical therapy visits for the right elbow as of 1/3/14 with improvement in active flexion from 125 to 134 degrees, no change in extension of -15 degrees, and no change in average right grip strength of 16 pounds. There was continued tenderness to palpation over the right lateral epicondyle, extensor digitorum insertion and muscle belly. The 1/10/14 orthopedic consult report cited constant right elbow and bilateral wrist/hand pain. She was unable to straighten out her right arm. Right elbow exam documented significant lateral epicondylar tenderness and elbow extension 165 degrees. Bilateral wrist exam documented positive right scaphoid shift, pain with movement of the left scaphoid, right wrist swelling, normal sensation, and negative Tinel's and Phalen's bilaterally. Grip strength was 11/12/12 kg right (dominant) and 19/19/18 kg left. MRI findings documented probable right triangular fibrocartilage complex tear. The diagnosis was right triangular fibrocartilage complex tear, possible left triangular fibrocartilage complex tear, and right lateral epicondylitis. The treatment plan recommended right wrist arthroscopy with debridement of the right triangular fibrocartilage complex tear and left wrist MRI. The 2/11/14 utilization review denied the 2/4/14 request for decompression of the fascia of the elbow. No rationale was provided for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

DECOMPRESSION OF THE FASCIA OF THE ELBOW.: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 36-37.

Decision rationale: The California MTUS elbow guidelines state that 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. Surgery is recommended in the form of simple decompression for patients with chronic ulnar neuropathy at the elbow who have positive electrodiagnostic studies, objective evidence of loss of function, and lack of improvement with 3 to 6 months of comprehensive conservative treatment. Guideline criteria have not been met. This patient presents with a diagnosis of lateral epicondylitis. MRI imaging documented extrinsic impingement at the cubital tunnel. There is no electrodiagnostic evidence of ulnar entrapment. Clinical exam does not suggest ulnar neuropathy. There is no documentation that the patient has completed guideline-recommended conservative treatment for a period of 3 to 6 months. Therefore, this request for decompression of the fascia of the elbow is not medically necessary.