

<b>Case Number:</b>	CM14-0027376		
<b>Date Assigned:</b>	06/16/2014	<b>Date of Injury:</b>	02/08/2012
<b>Decision Date:</b>	07/29/2014	<b>UR Denial Date:</b>	02/10/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	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 and Utah. 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 27-year-old male who reported an injury on 02/08/2012. The injured worker sustained a right forearm and right elbow sprain while changing a battery on a forklift. The current diagnoses include cubital tunnel syndrome and lateral epicondylitis. The injured worker was evaluated on 02/05/2014 with ongoing pain. Previous conservative treatment includes medication management and physical therapy. Physical examination revealed 20 to 125 degrees flexion and extension with decreased supination and pronation, a well healed incision over the lateral aspect of the elbow, significant pain and tenderness to the lateral elbow, painful resisted motion, positive Tinel's testing, and numbness over the 4th and 5th finger. Treatment recommendation at that time included a right cubital tunnel release and revision lateral epicondylectomy with resection of significant tendinosis. The injured worker underwent an MRI of the right elbow on 12/16/2013 which indicated moderate extensor tendinosis with mild biceps tendinosis and a slightly increased signal in the ulnar nerve at the posterior interior margin of the medial epicondyle suggesting minimal localized neuritis.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**POST OPERATION PAIN MEDICATION:** 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.

**MANIPULATION UNDER ANESTHESIA (MUA):** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 44-49.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 44-49. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Elbow Chapter, Manipulation under anesthesia (MUA).

**Decision rationale:** California MTUS/ACOEM Practice Guidelines state a referral for surgical consultation may be indicated for patients who have significant limitations of activity for more than 3 months, fail to improve with exercise programs, and clear clinical and electrophysiologic or imaging evidence of a lesion. The injured worker is diagnosed with lateral epicondylitis and cubital tunnel syndrome. Surgery for lateral epicondylalgia should only be a consideration for patients who fail to improve after a minimum of 6 months of conservative care that includes at least 3 to 4 different types of conservative treatment. Surgery for ulnar nerve entrapment requires establishing a firm diagnosis on a basis of clear clinical evidence and positive electrical studies that correlate with the clinical findings. As per the documentation submitted, there was no mention of an exhaustion of 3 to 4 different modalities of conservative treatment. The patient has only been treated with medication and physical therapy. There were also no electrodiagnostic reports submitted for this review. Official Disability Guidelines do not recommend manipulation under anesthesia for the elbow. Based on the clinical information received and the above mentioned guidelines, the request is not medically necessary.

**POST OPERATION PHYSICAL THERAPY THREE TIMES A WEEK FOR FOUR WEEKS:** 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.

**ARM SLING:** 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.

**RIGHT ELBOW PARTIAL LATERAL EPICONDYLECTOMY AND DEBRIDEMENT:**  
Upheld

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 44-49.

**Decision rationale:** The California MTUS/ACOEM Practice Guidelines state a referral for surgical consultation may be indicated for patients who have significant limitations of activity for more than 3 months, fail to improve with exercise programs, and clear clinical and electrophysiologic or imaging evidence of a lesion. The injured worker is diagnosed with lateral epicondylitis and cubital tunnel syndrome. Surgery for lateral epicondylalgia should only be a consideration for patients who fail to improve after a minimum of 6 months of conservative care that includes at least 3 to 4 different types of conservative treatment. Surgery for ulnar nerve entrapment requires establishing a firm diagnosis on a basis of clear clinical evidence and positive electrical studies that correlate with the clinical findings. As per the documentation submitted, there was no mention of an exhaustion of 3 to 4 different modalities of conservative treatment. The patient has only been treated with medication and physical therapy. There were also no electrodiagnostic reports submitted for this review. Based on the clinical information received and the above mentioned guidelines, the request is not medically necessary.

**CUBITAL TUNNEL RELEASE:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 44-49.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 44-49.

**Decision rationale:** California MTUS/ACOEM Practice Guidelines state a referral for surgical consultation may be indicated for patients who have significant limitations of activity for more than 3 months, fail to improve with exercise programs, and clear clinical and electrophysiologic or imaging evidence of a lesion. The injured worker is diagnosed with lateral epicondylitis and cubital tunnel syndrome. Surgery for lateral epicondylalgia should only be a consideration for patients who fail to improve after a minimum of 6 months of conservative care that includes at least 3 to 4 different types of conservative treatment. Surgery for ulnar nerve entrapment requires establishing a firm diagnosis on a basis of clear clinical evidence and positive electrical studies that correlate with the clinical findings. As per the documentation submitted, there was no mention of an exhaustion of 3 to 4 different modalities of conservative treatment. The patient has only been treated with medication and physical therapy. There were also no electrodiagnostic

reports submitted for this review. Based on the clinical information received and the above mentioned guidelines, the request is not medically necessary.