

<b>Case Number:</b>	CM14-0034144		
<b>Date Assigned:</b>	07/23/2014	<b>Date of Injury:</b>	03/25/2009
<b>Decision Date:</b>	09/08/2014	<b>UR Denial Date:</b>	03/13/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/19/2014

### 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 34-year-old female who reported an injury on 03/25/2009 due to repetitive trauma while performing normal job duties. The injured worker reportedly sustained an injury to her right elbow. The injured worker's treatment history for the right elbow was not provided. The injured worker was evaluated on 02/26/2014. It was noted that the injured worker had pain and numbness complaints in the fingers of the right hand. It was noted that the injured worker had significantly decreased grip strength of the right hand when compared to the left. The injured worker's diagnoses included neck strain/sprain with C6 radiculopathy, arthroscopic debridement of the rotator cuff and ulnar nerve entrapment syndrome at the right elbow. It was noted that the injured worker had previously undergone neurodiagnostic testing that concluded that the injured worker had ulnar nerve entrapment. Surgical intervention was recommended.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **Right Elbow Arthroscopy and Ulnar Nerve Release: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 42-43.

**Decision rationale:** The American College of Occupational and Environmental Medicine recommends surgical intervention for the elbow when there are clear clinical examination findings supported by a diagnostic study of a lesion that would benefit in both the long and short-term from surgical intervention. The clinical documentation submitted for review does indicate that the injured worker has decreased grip of the right hand, directly related to nerve entrapment. However, there were no diagnostic studies provided to support this diagnosis. The electrodiagnostic study mentioned in the submitted documentation was not provided for review. Additionally, the clinical documentation does not clearly support the need for arthroscopic surgery versus a more traditional and less invasive endoscopic approach. Furthermore, there is no documentation that the injured worker has undergone any type of conservative treatment for this injury. There is no documentation of splinting, nonsteroidal anti-inflammatory drugs or corticosteroid injections. As such, the requested right elbow arthroscopy and ulnar nerve release are not medically necessary or appropriate.

**Post Operative Physical Therapy 2 times a week for six 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 med necessary, none of the associated services are medically necessary.

**Pre-Operative Evaluation:** 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 med necessary, none of the associated services are medically necessary.

**Vicodin 7.5 mg Quantity 50:** 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 med necessary, none of the associated services are medically necessary.

**Robaxin 750 mg Quantity 40:** 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 med necessary, none of the associated services are medically necessary.

**Preoperative right elbow injection:** 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 med necessary, none of the associated services are medically necessary.