

<b>Case Number:</b>	CM14-0060716		
<b>Date Assigned:</b>	08/08/2014	<b>Date of Injury:</b>	05/04/2012
<b>Decision Date:</b>	10/08/2014	<b>UR Denial Date:</b>	04/16/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/01/2014

### 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 29-year-old female who sustained an injury to the right upper extremity as a result of repetitive on May 5, 2012. The medical records provide for review included a PR2 report of May 25, 2014, describing continued complaints of pain in the right elbow and forearm. Physical examination findings on that date showed full range of motion of the elbow and pain with resistance. There was tenderness to palpation over the flexor attachment over the medial epicondyle; there was no tenderness over the lateral epicondyle. The PR2 report did not include any documentation of examination findings of the wrist. The claimant was diagnosed with right medial epicondylitis, right cubital tunnel syndrome and right De Quervain's tenosynovitis. The PR2 report documented that the claimant had failed conservative measures including injections to the right medial epicondyle and right wrist. The recommendation was made for right lateral epicondylar debridement, extensor carpi radialis and brevis release of the first dorsal compartment.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Right lateral epicondyle debridement, extensor carpi radialis brevis release, first dorsal compartment release:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 35-36.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007), Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 36; 271.

**Decision rationale:** The claimant's surgery is to be performed concordantly. Presently there is no indication for surgery to include a right lateral epicondylar debridement as the claimant's clinical presentation is consistent with medial epicondylitis. There has been no documentation of physical examination findings of the wrist to support a diagnosis of first dorsal extensor compartment tenosynovitis. Without documentation of physical examination findings of the claimant's wrist and clear evidence of medial epicondylitis with supporting examination findings, and no documentation to support the diagnosis of lateral epicondylar findings, the role of surgical process to include right lateral epicondyle debridement, extensor carpi radialis brevis release, first dorsal compartment release cannot be supported as medically necessary.

**Post-operative occupational therapy for the right elbow/arm:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Postsurgical Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Postsurgical Treatment Guidelines.

**Decision rationale:** The proposed surgery cannot be recommended as medically necessary. Therefore, the request for postoperative physical therapy is also not medically necessary.