

<b>Case Number:</b>	CM14-0084293		
<b>Date Assigned:</b>	08/08/2014	<b>Date of Injury:</b>	11/14/2012
<b>Decision Date:</b>	09/12/2014	<b>UR Denial Date:</b>	05/02/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/06/2014

### 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 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 45-year-old male who reported an injury on 11/14/2012 due to an unknown mechanism of injury. The injured worker's treatment history included left elbow surgery with lateral epicondylar fasciotomy in 12/2013. The injured worker was evaluated post surgically on 01/08/2014. It was noted that the injured worker had significant pain relief resulting from surgical intervention. The injured worker was evaluated on 03/12/2014. It was noted that the injured worker had increasing pain complaints of the bilateral forearms. Physical findings included mild tenderness to palpation over the lateral epicondyles bilaterally and tenderness over the proximal dorsal radial forearm over the radial tunnels bilaterally. The injured worker's diagnoses included left elbow lateral epicondylitis and apparently new radial nerve irritation. The injured worker's treatment plan at that time included a Medrol dose pack. The injured worker was evaluated on 03/26/2014. It was noted that the injured worker had a positive Tinel's sign and positive elbow flexion test for cubital tunnel syndrome with minimal tenderness over the lateral epicondyle. It was noted within the documentation for that visit that the injured worker had undergone a diagnostic ultrasound imaging that indicated clear subluxation of the ulnar nerve. The injured worker's diagnoses included cubital tunnel syndrome with ulnar nerve subluxation at the left elbow. The injured worker was treated with a corticosteroid injection. The injured worker was evaluated on 04/16/2014. It was noted that the injured worker's symptoms were increasing and that non-operative treatments were unlikely to benefit the injured worker any further. The injured worker's treatment plan included ulnar nerve anterior transposition. A request for authorization was made for a preoperative appointment with a specific doctor, preoperative medications, a refill of Norco and naproxen, 4 postoperative appointments within global period with fluoroscopy, postoperative physical therapy, and Game Ready rental unit on 04/25/2014.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Left elbow ulnar nerve transposition:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007), Postsurgical Treatment Guidelines Page(s): 36.

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

**Decision rationale:** The requested left elbow ulnar nerve transposition is not medically necessary or appropriate. The American College of Occupational and Environmental Medicine clearly indicate that surgical intervention for elbow disorders must be supported by at least 3 months of significantly limited activity that has failed to progress through an exercise and strengthening program with clear clinical and electrophysiological or imaging evidence to support the need for surgical intervention. The clinical documentation submitted for review does indicate that the injured worker developed symptoms in 02/2014. These symptoms were considered progressive. The clinical documentation submitted for review does indicate that the injured worker underwent an ultrasound study that indicated there was subluxation of the ulnar nerve. The clinical documentation does indicate that the injured worker failed to respond to a corticosteroid injection. However, there is no documentation that the injured worker has failed to respond through a progressive exercise program intended to strengthen the elbow. There is no discussion in the clinical documentation of postoperative physical therapy from the previous surgery. Additionally, there is no evidence of activity therapeutic rehabilitation for the newly developed cubital tunnel syndrome symptoms. Therefore, the need for left elbow ulnar nerve transposition is not clearly indicated. As such, the requested left elbow ulnar nerve transposition is not medically necessary or appropriate.

**Medical appointment with Dr. [REDACTED]:** Upheld

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

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

**Decision rationale:** As the injured worker's surgical procedure has not been authorized, the current request is also not medically necessary. Therefore, the request is not medically necessary.

**Norco - Qty. 60 - one refill:**

**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:** As the injured worker's surgical procedure has not been authorized, the current request is also not medically necessary. Therefore, the request is not medically necessary.

**Naprosyn - Qty. 60 - one refill:**

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

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

**Decision rationale:** As the injured worker's surgical procedure has not been authorized, the current request is also not medically necessary. Therefore, the request is not medically necessary.

**Cyclobenzaprine - Qty. 60: Upheld**

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

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

**Decision rationale:** As the injured worker's surgical procedure has not been authorized, the current request is also not medically necessary. Therefore, the request is not medically necessary.

**Zofran 8mg Qty. 10: Upheld**

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

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

**Decision rationale:** As the injured worker's surgical procedure has not been authorized, the current request is also not medically necessary. Therefore, the request is not medically necessary.

**Colace Qty. 20: 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:** As the injured worker's surgical procedure has not been authorized, the current request is also not medically necessary. Therefore, the request is not medically necessary.

**Retro-injection of Lidocaine, Marcaine and Depo-Medrol, left elbow, using SonoSite M Turbo portable ultrasound with MSK probe.3/26/14: Upheld**

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

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

**Decision rationale:** As the injured worker's surgical procedure has not been authorized, the current request is also not medically necessary. Therefore, the request is not medically necessary.

**Retro-gel pack dispensed on 3/26/14: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Treatment Index 9th edition..web 2011.

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

**Decision rationale:** As the injured worker's surgical procedure has not been authorized, the current request is also not medically necessary. Therefore, the request is not medically necessary.

**Follow up visit with fluoroscopy Qty. 4: 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:** As the injured worker's surgical procedure has not been authorized, the current request is also not medically necessary. Therefore, the request is not medically necessary.

**Game Ready equipment rental - duration 2 weeks: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines treatment Index 9th Edition . web 2011.

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

**Decision rationale:** As the injured worker's surgical procedure has not been authorized, the current request is also not medically necessary. Therefore, the request is not medically necessary.