

<b>Case Number:</b>	CM15-0105861		
<b>Date Assigned:</b>	06/10/2015	<b>Date of Injury:</b>	01/17/2014
<b>Decision Date:</b>	07/13/2015	<b>UR Denial Date:</b>	05/19/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/02/2015

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:  
 State(s) of Licensure: California  
 Certification(s)/Specialty: Orthopedic Surgery

### 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 50 year old male, who sustained an industrial injury on 01/17/2014. He has reported injury to the right elbow. The diagnoses have included ankylosis, right elbow; cubital tunnel syndrome, right elbow; and degenerative joint disease, right elbow. Treatment to date has included medications, diagnostics, injection, and physical therapy. Medications have included Ibuprofen and Lortab. A progress report from the treating physician, dated 05/06/2015, documented an evaluation with the injured worker. Currently, the injured worker complains of continued pain with limited motion in the right elbow; and numbness, weakness, and decreasing function of the right hand. Objective findings included extension lag in the right elbow; positive Tinel's sign over the ulnar nerve palpable in the cubital tunnel; and intrinsic weakness on motor testing with first dorsal interosseous, and hypothenar atrophy. The treatment plan has included the request for manipulation of the right elbow under anesthesia.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Manipulation of the Right Elbow under anesthesia:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Elbow (updated 2/17/15), Online Version, Manipulation under anesthesia (MUA).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Elbow section, Manipulation.

**Decision rationale:** CA MTUS is silent on the issue of manipulation of the elbow. Per the Official Disability Guidelines, Elbow section, Manipulation under anesthesia is not recommended. The guidelines and records do not support manipulation of the elbow for a stiff elbow. The determination is for not medically necessary.