

<b>Case Number:</b>	CM15-0194133		
<b>Date Assigned:</b>	10/07/2015	<b>Date of Injury:</b>	01/01/2015
<b>Decision Date:</b>	11/19/2015	<b>UR Denial Date:</b>	09/11/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/02/2015

### 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, Indiana, Oregon  
 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 45 year old female, who sustained an industrial injury on 1-1-15. The injured worker has complaints of right elbow and forearm pain. There was soft tissue tenderness and swelling at the right lateral epicondylar tenderness and remainder of elbow exam is normal, contralateral elbow exam is normal. The diagnoses have included right lateral epicondylitis. Treatment to date has included physical therapy times 12 on 6-30-15 without significant improvement; brace; icing and caudal steroid injection. Right elbow magnetic resonance imaging (MRI) on 8-11-15 revealed normal magnetic resonance imaging (MRI) except for nonspecific subcutaneous edema adjacent to the right medial humeral epicondyle. The original utilization review (9-11-15) non-certified the request for one (1) neuroplasty, major peripheral nerve, arm or leg, open, other than specified; one (1) tenotomy, elbow, lateral or medial, debridement, soft tissue and or bone, open with tendon repair or reattachment; one (1) cock up wrist splint and 12 post op occupational therapy visits.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**One (1) neuroplasty, major peripheral nerve, arm or leg, open, other than specified:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Elbow Complaints 2007.

**MAXIMUS guideline:** Decision based on MTUS Elbow Complaints 2007, Section(s): Diagnostic Criteria.

**Decision rationale:** CA MTUS/ACOEM Elbow Complaints Chapter 10 (2007 supplement) page 18 states that focused NCS/EMG with inching technique is required for the accurate diagnosis of cubital tunnel syndrome. As there is no evidence of cubital tunnel syndrome on the EMG the request is not medically necessary.

**One (1) tenotomy, elbow, lateral or medial, debridement, soft tissue and or bone, open with tendon repair or reattachment:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Elbow Complaints 2007.

**MAXIMUS guideline:** Decision based on MTUS Elbow Complaints 2007, Section(s): Medial Epicondylalgia.

**Decision rationale:** CA MTUS/ACOEM Elbow chapter, page 35 recommends a minimum of 3- 6 months of conservative care prior to contemplation of surgical care. In this case there is insufficient evidence of failure of conservative care to warrant a medial epicondylar release. In addition there is no MRI report attached demonstrating a surgical lesion. Therefore determination is not medically necessary.

**One (1) cock up wrist splint:** 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 requested surgical procedure is not medically necessary, none of the associated services are medically necessary and appropriate.

**12 post op occupational therapy visits:** 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 requested surgical procedure is not medically necessary, none of the associated services are medically necessary and appropriate.