

<b>Case Number:</b>	CM15-0068608		
<b>Date Assigned:</b>	04/16/2015	<b>Date of Injury:</b>	08/15/2012
<b>Decision Date:</b>	07/20/2015	<b>UR Denial Date:</b>	04/10/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/10/2015

### 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: New York

Certification(s)/Specialty: Neurological 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 male, who sustained cumulative industrial injuries from July 31, 2011 through August 15, 2012. He reported bilateral elbow and hand pain. The injured worker was diagnosed as having status post left carpal tunnel release and status post left cubital tunnel release. Treatment to date has included radiographic imaging, diagnostic studies, surgical interventions of the left upper extremity, physical therapy, medications and work restrictions. Currently, the injured worker complains of bilateral upper extremity pain and increase right elbow pain since surgical intervention of the left upper extremity. The injured worker reported an industrial injury in 2011, resulting in the above noted pain. He was treated conservatively and surgically without complete resolution of the pain. Evaluation on January 5, 2015, revealed continued pain worse on the right upper extremity elbow than the left. Surgical intervention of the right upper extremity, post-surgical occupational therapy and a post-operative splint were requested.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Right extensor muscle slide procedure:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** The California MTUS guidelines recommend surgery is considered on elbow pain only after a minimum of six months conservative care. Documentation does not provide this evidence. The guidelines advise ergonomic biomechanical advice to the patient on the efficient use of the elbow. Documentation does not show this was done. The guidelines recommend that surgery be considered only when clear clinical and imaging evidence of a lesion that is shown to improve with surgical repair is evident. Documentation does not disclose this was presented. The requested treatment: Right extensor muscle slide procedure is not medically necessary and appropriate

**Search for potential remnants of lateral cutaneous nerve of forearm posterior branch:**  
Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 8-10,35-36.

**Decision rationale:** The California MTUS guidelines recommend surgery is considered on elbow pain only after a minimum of six months conservative care. Documentation does not provide this evidence. The guidelines advise ergonomic biomechanical advice to the patient on the efficient use of the elbow. Documentation does not show this was done. The guidelines recommend objective evidence is thoroughly documented in the medical record. Documentation does not show this. The guidelines recommend that surgery be considered only when clear clinical and imaging evidence of a lesion that is shown to improve with surgical repair is evident. Documentation does not disclose this was presented. The requested treatment: Search for potential remnants of lateral cutaneous nerve of forearm posterior branch is not medically necessary and appropriate

**Post-operative occupational therapy, three times weekly for four 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 medically necessary, none of the associated services are medically necessary.

**Post-operative 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:** Since the primary procedure is not medically necessary, none of the associated services are medically necessary.