

Case Number:	CM13-0044933		
Date Assigned:	12/27/2013	Date of Injury:	02/08/2012
Decision Date:	02/04/2015	UR Denial Date:	10/11/2013
Priority:	Standard	Application Received:	10/31/2013

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 Minnesota. 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 26-year-old male with an injury date of 2/8/2012. The mechanism of injury is not documented. He complains of pain over the lateral epicondyle of the right elbow. Documentation indicates a history of prior lateral epicondylectomy and extensor debridement on 4/20/2013. Per documentation of 9/24/2013 his range of motion is 20-120 degrees. He has been using a Dynasplint without significant improvement. Conservative treatment to date has included NSAIDs, physical therapy and Dynasplint. The request for manipulation under anesthesia of the right elbow was noncertified by utilization review citing ODG guidelines. There is also a request for EMG and nerve conduction studies based upon subjective complaints of numbness in the hand. There are no neurologic findings documented. Utilization review noncertified the request based upon MTUS guidelines. This is now appealed to independent medical review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Manipulation under anesthesia of the right elbow: 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): 28. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Section: Elbow, Topic: Manipulation under anesthesia

Decision rationale: California MTUS guidelines indicate there is insufficient evidence for manipulation of the elbow and no recommendation is made. ODG guidelines are therefore used. The guidelines do not recommend manipulation under anesthesia. There are no quality studies. The outcome of the stiff elbow may be no better than the natural history of the condition. As such, the request for manipulation under anesthesia is not supported by guidelines and the medical necessity is not established.

EMG/NCV: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 13.

Decision rationale: The California MTUS guidelines recommend a detailed neurologic examination to detect abnormalities in nerves, nerve roots, spinal cord, and higher level functioning. Sensory examination of the elbow includes fine touch, 2 point discrimination, and vibratory sense and position sense in the distal extremity. Evidence of problems with the median, ulnar, and radial nerve distributions should be sought. Evaluation of cervical disc disease such as radiculopathy should also be performed. The documentation does not indicate any positive findings on physical examination to suggest radiculopathy or a peripheral nerve lesion. Electromyography is indicated if cervical radiculopathy is suspected as a cause of lateral arm pain and that condition has been present for at least 6 weeks. Nerve conduction study and possibly EMG is indicated if on the basis of physical examination there is denervation atrophy or there is failure to respond to conservative treatment. The physical examination does not document any neurologic findings. There is no evidence of carpal tunnel syndrome or evidence of cervical radiculopathy on examination. As such, the request for EMG and nerve conduction study is not supported by guidelines and is not medically necessary.