

Case Number:	CM13-0016620		
Date Assigned:	11/06/2013	Date of Injury:	09/07/2010
Decision Date:	01/17/2014	UR Denial Date:	08/19/2013
Priority:	Standard	Application Received:	08/26/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Orthopedic Surgery and is licensed to practice in Connecticut, North Carolina and Pennsylvania. 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 physician 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 patient is a 43-year-old gentleman injured in a work related accident on 09/07/10. The clinical records indicate current left upper extremity complaints for which 03/08/12 electrodiagnostic studies were performed showing moderate left cubital tunnel syndrome. The most recent clinical assessment for review of 09/03/13 with [REDACTED], indicated ongoing back pain as well as left elbow pain with numbness to the ulnar aspect of the arm. A physical examination was documented to be "unchanged". A prior assessment with [REDACTED], [REDACTED], of 06/13/13 gave the claimant a diagnosis of left lateral epicondylitis and left cubital tunnel syndrome describing subjective complaints of left elbow pain with radiating weakness and lack of grip strength. He indicates treatment to date for the wrist at that time had included narcotics, "a couple of sessions" of physical therapy and work restrictions. The physical examination findings demonstrated tenderness to palpation over the lateral aspect of the elbow with positive Tinel's sign at the elbow and full range of motion. Based on ongoing complaints, a left cubital tunnel release with possible lateral epicondylectomy was recommended. Also, recommended at that time was an MRI of the cervical spine given continued neck pain complaints and examination findings that showed restricted cervical range of motion, negative Spurling's testing, intact motor sensory and reflexive examination to the upper extremities.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left cubital tunnel release with possible lateral epicondylectomy: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 37.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 36-37.

Decision rationale: Based on California ACOEM Guidelines, surgical intervention in regard to cubital tunnel release and lateral epicondylectomy are only indicated in situations where greater than six months of conservative care specific to the diagnosis in question have been utilized and failed. In regard to the claimant's diagnosis of cubital tunnel syndrome, while electrodiagnostic studies are positive, there is absence of six months conservative care documented including use of elbow pads, splinting, or full compliance with therapy to support the intervention. In regard to the diagnosis of lateral epicondylitis, there is minimal treatment noted to date including no indication of prior injection therapy or immobilization. This specific request would not be supported.

MRI scan of the elbow: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 37. Decision based on Non-MTUS Citation Official Disability Guidelines: Elbow (Acute and Chronic)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 36-37.

Decision rationale: The second request is for MRI scan of the elbow. The California MTUS Guidelines states, "For patients with limitations of activity after 4 weeks and unexplained physical findings such as effusion or localized pain (especially following exercise), imaging may be indicated to clarify the diagnosis and revise the treatment strategy if appropriate. Imaging findings should be correlated with physical findings." At last clinical assessment, the claimant's diagnosis was noted to be understood with proposal for surgical intervention being recommended. There is currently no indication based on the claimant's physical examination and confirmed diagnosis on electrodiagnostic studies of cubital tunnel syndrome as to why further imaging of the elbow in the form of an MRI would be indicated. The specific clinical request would not be supported.