

Case Number:	CM13-0056868		
Date Assigned:	12/30/2013	Date of Injury:	07/28/2011
Decision Date:	03/27/2014	UR Denial Date:	10/24/2013
Priority:	Standard	Application Received:	11/23/2013

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 California. 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 male who reported an injury on 07/28/2011. The mechanism of injury was noted to be the patient was lifting a trash bag at work and felt a sudden pop. The patient's diagnosis was noted to be right elbow epicondylitis. The patient had an EMG/nerve conduction studies which revealed entrapment neuropathy including carpal tunnel syndrome on the right. The patient indicated they have no paresthesias in the median or ulnar nerve distribution. The patient indicated that the pain in the elbow was intolerable. The patient was treated with anti-inflammatory medications without success and a steroid injection with relief lasting approximately 2 months as well as occupational therapy. The patient had tenderness to palpation over the lateral epicondyle and the insertion of the extensor carpi radialis brevis and pain with resisted extension of the wrist and resisted supination. The EMG revealed the patient had carpal tunnel syndrome in the right upper extremity. The plan included a diagnostic block of local anesthetic in the posterior cutaneous nerve and the physician opined if the patient had resolution of pain then he would be a good candidate for the relief of symptoms with denervation of the right lateral epicondyle by removing the posterior branches of the posterior cutaneous nerve. The request was then made for a right lateral fasciotomy with extensor tendon origin detachment and stripping, denervation of the right lateral epicondyle with excision of posterior branches of the posterior cutaneous nerve of the forearm, implantation of the right posterior cutaneous nerve stumps into brachioradialis or lateral head of the triceps muscle, outpatient [REDACTED], postoperative occupational therapy 2 times a week for 4 weeks, and a PA assistant.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right lateral fasciotomy with extensor tendon origin detachment and stripping: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 44-45, 47. Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 44-45. Decision based on Non-MTUS Citation Official Disability Guidelines Elbow Chapter, section on Surgery for epicondylitis

Decision rationale: The ACOEM Guidelines indicate that conservative care should be maintained for a minimum of 3 to 6 months prior to surgical consideration. However, there were no specific indications for surgery. As such, secondary guidelines were sought. The Official Disability Guidelines indicate surgery for epicondylitis is recommended for patients with severe neuropathy entrapment with 12 months of compliance with nonoperative management, failure to improve with NSAIDS, elbow band/straps, activity modification, and physical therapy programs to increase range of motion and strength of the musculature around the elbow, and a long-term failure with at least 1 type of injection; ideally, with documented short-term relief from the injection. The clinical documentation submitted for review indicated the patient had been treated with anti-inflammatory medications, steroid injections, and physical therapy and had failed conservative care. There was a lack of documentation of severe entrapment neuropathy as the patient was noted to have carpal tunnel syndrome on the right and there were no mention findings on the elbow. There was a lack of documentation indicating the patient had tried elbow bands/straps and activity modification. There was a lack of documentation indicating the dates of service and duration of physical therapy. Given the above, the request for right lateral fasciotomy with extensor tendon origin detachment and stripping is not medically necessary and appropriate.

Denervation of the right lateral epicondyle with excision of posterior branches of the posterior cutaneous nerve of the forearm: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 44-45, 47. Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 44-45. Decision based on Non-MTUS Citation Official Disability Guidelines Elbow Chapter, section on Surgery for epicondylitis

Decision rationale: ACOEM Guidelines indicate that conservative care should be maintained for a minimum of 3 to 6 months prior to surgical consideration. However, there were no specific indications for surgery. As such, secondary guidelines were sought. The Official Disability Guidelines indicate surgery for epicondylitis is recommended for patients with severe neuropathy entrapment with 12 months of compliance with nonoperative management, failure to

improve with NSAIDS, elbow band/straps, activity modification, and physical therapy programs to increase range of motion and strength of the musculature around the elbow, and a long-term failure with at least 1 type of injection; ideally, with documented short-term relief from the injection. The clinical documentation submitted for review indicated the patient had been treated with anti-inflammatory medications, steroid injections, and physical therapy and had failed conservative care. There was a lack of documentation of severe entrapment neuropathy as the patient was noted to have carpal tunnel syndrome on the right and there were no mention findings on the elbow. There was a lack of documentation indicating the patient had tried elbow bands/straps and activity modification. There was a lack of documentation indicating the dates of service and duration of physical therapy. Given the above, the request for denervation of the right lateral epicondyle with excision of posterior branches of the posterior cutaneous nerve of the forearm is not medically necessary and appropriate.

Implantation of right posterior cutaneous nerve stumps into brachioradialis or lateral head of the triceps muscle: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 44-45, 47. Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 44,45. Decision based on Non-MTUS Citation Official Disability Guidelines Elbow Chapter, section on Surgery for epicondylitis

Decision rationale: ACOEM Guidelines indicate that conservative care should be maintained for a minimum of 3 to 6 months prior to surgical consideration. However, there were no specific indications for surgery. As such, secondary guidelines were sought. The Official Disability Guidelines indicate surgery for epicondylitis is recommended for patients with severe neuropathy entrapment with 12 months of compliance with nonoperative management, failure to improve with NSAIDS, elbow band/straps, activity modification, and physical therapy programs to increase range of motion and strength of the musculature around the elbow, and a long-term failure with at least 1 type of injection; ideally, with documented short-term relief from the injection. The clinical documentation submitted for review indicated the patient had been treated with anti-inflammatory medications, steroid injections, and physical therapy and had failed conservative care. There was a lack of documentation of severe entrapment neuropathy as the patient was noted to have carpal tunnel syndrome on the right and there were no mention findings on the elbow. There was a lack of documentation indicating the patient had tried elbow bands/straps and activity modification. There was a lack of documentation indicating the dates of service and duration of physical therapy. Given the above, the request for implantation of right posterior cutaneous nerve stumps into brachioradialis or lateral head of the triceps muscle is not medically necessary and appropriate.

Outpatient [REDACTED]: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 44-45, 47. Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 44-45,. Decision based on Non-MTUS Citation Official Disability Guidelines Elbow Chapter, section on Surgery for epicondylitis.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

Post-op occupational therapy 2x4 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 44-45, 47. Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 44-45. Decision based on Non-MTUS Citation Official Disability Guidelines Elbow Chapter, section on Surgery for epicondylitis.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

PA Assist: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 44-45, 47. Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 44-45. Decision based on Non-MTUS Citation Official Disability Guidelines

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.