

Case Number:	CM13-0066445		
Date Assigned:	01/03/2014	Date of Injury:	04/29/2010
Decision Date:	06/04/2014	UR Denial Date:	11/18/2013
Priority:	Standard	Application Received:	12/16/2013

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 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 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 patient is a 40 year old female who was injured on 04/29/2010. She sustained an injury where she was pulling a large box of jeans out that was stuck between two other boxes. She yanked forcefully and injured her left elbow in April 2010. The patient underwent left elbow surgery in November 2011; a left-sided stellate ganglion block on 03/20/2013; left elbow medial epicondyle injection on 02/15/2013; left-sided stellate ganglion block on 12/12/2012; and a left ulnar transposition surgery dated 07/30/2011. Diagnostic studies reviewed include Needle EMG/NCV study performed on 08/24/2012 was normal. A comprehensive follow-up visit note dated 11/08/2013 indicated the patient presented with complaints that severe burning started coming back recently since cold weather and rainy season. She rated her pain as 5-6/10 on VAS in the left elbow shooting to the left forearm. She had seen an orthopedist who recommended left elbow surgery with possible lysis of adhesion and resection of neuroma. She reported that she had to keep her left elbow extended. She gets flexion of the left elbow but her pain becomes escalated. Objective findings on exam revealed allodynia and hyperalgesia was present at operation site area. She had a well-healed surgical scar present on the left elbow medial epicondyle. Her range of motion of the left elbow was restricted. There was diminished sensation to light touch along the medial border of the left elbow. There was tenderness present along the left elbow medial epicondyle. Manual motor strength was 5/5 except left elbow flexor and extensors were 4/5. The patient was diagnosed with left elbow medial epicondylitis; status post left ulnar transposition surgery, and chronic myofascial pain syndrome. The patient had been recommended left elbow surgery with possible lysis of adhesions and resection of neuroma. She was started on Capsaicin cream. She was instructed to continue Neurontin, Prilosec, and Naproxen. She was also instructed to continue range of motion, stretching and strengthening of the left elbow at home. An orthopedic consultation note dated 10/24/2013 stated the patient

reported burning pain over the incision site and the feeling of numbness over the incision site of her left elbow since the surgery. On exam, she demonstrated full range of motion of her left elbow and wrist. She had mildly positive Tinel's sign at the ulnar nerve and a positive bent elbow sign at the ulnar nerve. She had diffuse discomfort surrounding the incision site and had neuromatous type pain. She had grip strength of 60 pounds bilaterally. The patient was diagnosed with left medial epicondyle reconstruction with questionable medial antebrachial cutaneous neuroma. The patient appeared to have irritation of her medial antebrachial cutaneous nerve. She would be a potential candidate for further exploration of her elbow and possibility of lysis of adhesions and resection of the neuroma. A QME re-evaluation report dated 05/21/2012 stated the patient had not reached MMI post surgery on her left elbow. She received 70% pain relief from stellate ganglion block.

IMR ISSUES, DECISIONS AND RATIONALES

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

LEFT ELBOW SURGERY WITH POSSIBLE LYSIS OF ADHESIONS AND RESECTION OF NEUROMA: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Wheelless - Textbook Of Orthopaedics, Neuroma.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 36-38.

Decision rationale: According to the ACOEM Guidelines, surgical consideration of medial epicondylagia is considered only in patients who had failed to improve after a minimum of 6 months of care that includes at least 3-4 different types of conservative treatment. The medical records provided for review document the patient had sustained an injury in the left elbow and underwent surgical left ulnar transposition which was dated 7/30/2011. The patient received several stellate ganglions blocks, and at least one intrarticular injection in the left elbow without significant improvement. An electrodiagnostic study which was dated 8/24/2012 revealed normal results. There is no diagnostic study provided to support the possibility that the patient has neuroma. In the absence of documented conservative rehabilitative treatment trials, recent diagnostic studies, and the operative note of the prior procedure, the request is not medically necessary and appropriate.