

Case Number:	CM14-0000527		
Date Assigned:	01/24/2014	Date of Injury:	10/04/2011
Decision Date:	06/16/2014	UR Denial Date:	12/19/2013
Priority:	Standard	Application Received:	01/02/2014

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 injured worker is a 41-year-old male who reported an injury on 10/04/2011 after changing a roll that reportedly caused a sudden onset of sharp elbow pain. The injured worker was treated conservatively with a home exercise program, elbow sleeves, nonsteroidal anti-inflammatory drugs and corticosteroid injections. The injured worker's diagnoses included cubital tunnel syndrome and lateral epicondylitis. The injured worker was evaluated on 11/19/2013. It was documented that the injured worker had decreased right-sided grip strength. It was also documented that the injured worker had tenderness to palpation over the extensor carpi radialis brevis insertion site and pain with resisted supination. The injured worker's treatment recommendations included surgical intervention.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 PHYSICIAN ASSISTANT BETWEEN 12/16/2013 AND 1/30/2014: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation American Association Of Orthopaedics Surgeons Position Statement Reimbursement of The First Assistant at Surgery in Orthopaedics.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007), Postsurgical Treatment Guidelines.

Decision rationale: As the requested surgical intervention is not supported by the documentation, the requested ancillary service is also not supported.

1 IMPLANTATION OF RIGHT POSTERIOR CUTANEOUS NERVE STUMPS INTO BRACHIORADIALIS OR LATERAL HEAD OF THE TRICEPS MUSCLE BETWEEN 12/16/2013 AND 1/30/2014: 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): 44-49.

Decision rationale: The requested implantation of the right posterior cutaneous nerve stumps into the brachioradialis or lateral head of the triceps muscle is not medically necessary or appropriate. The American College of Occupational and Environmental Medicine do not recommend surgical intervention for elbow disorders unless there are clear clinical examination findings supported by electrodiagnostic studies that have failed to respond to conservative treatment. The clinical documentation submitted for review does provide evidence that the injured worker has clinical findings consistent with the diagnoses that have failed to respond to conservative treatments. It is also indicated that the injured worker had an electrodiagnostic study that supported cubital tunnel syndrome. However, the clinical documentation did not provide an independent electrodiagnostic study report. Therefore, there is no way to determine the appropriateness of the requested surgery. As such, the requested 1 implantation of right posterior cutaneous nerve stumps into brachioradialis or lateral head of the triceps muscle is not medically necessary or appropriate.

DENERVATION OF THE RIGHT LATERAL EPICONDYLE WITH EXCISION OF THE POSTERIOR BRANCHES OF THE POSTERIOR CUTANEOUS NERVE OF THE FOREARM BETWEEN 12/16/2013 AND 1/30/2014: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines-Treatment For Workers' Compensation, Online Edition Chapter; Elbow.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 44-49.

Decision rationale: The requested denervation of the right lateral epicondyle with excision of the posterior branches of the posterior cutaneous nerve of the forearm is not medically necessary or appropriate. The American College of Occupational and Environmental Medicine do not recommend surgical intervention for elbow disorders unless there are clear clinical examination findings supported by electrodiagnostic studies that have failed to respond to conservative treatment. The clinical documentation submitted for review does provide evidence that the injured worker has clinical findings consistent with the diagnoses that have failed to respond to conservative treatments. It is also indicated that the injured worker had an electrodiagnostic

study that supported cubital tunnel syndrome. However, the clinical documentation did not provide an independent electrodiagnostic study report. Therefore, there is no way to determine the appropriateness of the requested surgery. As such, the requested denervation of the right lateral epicondyle with excision of the posterior branches of the posterior cutaneous nerve of the forearm is not medically necessary or appropriate.

8 SESSIONS OF OCCUPATIONAL THERAPY BETWEEN 12/16/2013 AND 1/30/2014:

Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: As the requested surgical intervention is not supported by the documentation, the requested ancillary service is also not supported.