

<b>Case Number:</b>	CM14-0003964		
<b>Date Assigned:</b>	02/12/2014	<b>Date of Injury:</b>	11/27/2012
<b>Decision Date:</b>	06/24/2014	<b>UR Denial Date:</b>	12/11/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/09/2014

### 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 50-year-old female who reported an injury on 11/27/2012 due to cumulative trauma while performing normal job duties. The injured worker's treatment history included right carpal tunnel release and right de Quervain's surgery. The injured worker underwent an electromyography and nerve conduction study on 01/21/2013. It was concluded that the injured worker did not have any electrical evidence of cubital tunnel syndrome and there was electrodiagnostic evidence consistent with left severe carpal tunnel syndrome. The injured worker underwent an additional electrodiagnostic study in 10/2013. It was documented that the injured worker had a normal nerve conduction study, and motor and sensory of the left ulnar nerve with findings consistent of left carpal tunnel syndrome. The injured worker was evaluated on 10/28/2013. Physical findings included a positive elbow flexion test. The injured worker's diagnoses included resolution of left carpal tunnel syndrome and left medial epicondylitis. At that appointment, treatment recommendations included continuation of anti-inflammatory medications, physical therapy, and a corticosteroid injection to the left elbow. The injured worker was evaluated on 11/25/2013. It was documented that the injured worker continued to complain of left elbow pain that was only temporarily responsive to the previous corticosteroid injection. It was documented that the injured worker had a positive elbow flexion test and a positive Tinel over the medial epicondyle. Treatment recommendations included left medial epicondylectomy with ulnar nerve neuroplasty.

### IMR ISSUES, DECISIONS AND RATIONALES

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

## **LEFT MEDIAL EPICONDYLECTOMY WITH ULNAR NERVE NEUROPLASTY:**

Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: ACOEM GUIDELINES, CHAPTER 10, 240

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) 10, 45

**Decision rationale:** The American College of Occupational and Environmental Medicine recommends epicondyle release when an injured worker has failed to respond to at least 3 to 4 types of conservative treatment and has persistent symptoms. The clinical documentation submitted for review does indicate that the injured worker has failed to respond to physical therapy, nonsteroidal anti-inflammatory drugs, and corticosteroid injections. However, the request includes ulnar nerve neuroplasty. The American College of Occupational and Environmental Medicine recommends surgical intervention be supported by physical findings and an electrodiagnostic study. The clinical documentation does indicate that the injured worker has ulnar nerve related deficits on physical examination. However, the electrodiagnostic study provided for review does not support these physical findings. Therefore, the left medial epicondylectomy with ulnar nerve neuroplasty is not medically necessary or appropriate.