

Case Number:	CM14-0015066		
Date Assigned:	02/28/2014	Date of Injury:	03/13/2012
Decision Date:	07/07/2014	UR Denial Date:	01/27/2014
Priority:	Standard	Application Received:	02/06/2014

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 injured worker is a 53-year-old female who reported an injury on 03/13/2012. The mechanism of injury was the injured worker was transferring a patient from a bed to a chair and felt immediate onset of right elbow pain and had a huge bump at the elbow. The injured worker underwent a surgical excision of a mass in the right antecubital forearm on 06/26/2012. The injured worker was treated additionally with a tennis elbow splint, anti-inflammatory medications, activity modifications, and corticosteroid injections. The injured worker underwent electrodiagnostic studies which revealed right median and ulnar nerve conduction studies were within normal limits. It was indicated that this study was compatible with motor radial neuropathy possibly at the level of the forearm. The injured worker underwent an MRI of the right elbow on 12/03/2013 which revealed a high-grade tearing of the common extensor tendon with fluid-filled stripping in communication with joint along the anterior margin of the tear. There was underlying bone edema and surrounding soft tissue inflammatory changes with per fascial edema along the proximal extensor muscles. There were no other tendon tears, no joint diffusion, or osteochondral lesion. The documentation of 01/08/2014 revealed the injured worker had ongoing pain at the right elbow. The injured worker had pain on a daily basis made worse by pinching, pulling, and grasping. The physical examination revealed the injured worker had normal range of motion of the right elbow. The Tinel's sign was negative in the medial aspect of the right elbow. There was tenderness to palpation over the right lateral epicondylar area. There was increased pain with resisted wrist extension. There was no evidence of thenar atrophy or interosseous muscle wasting. The diagnoses included right lateral

epicondylitis with high-grade tearing, and a history of a right elbow ganglion cyst status post incision. The treatment plan included the injured worker had ongoing symptoms and a failure to improve with activity modifications, anti-inflammatory medications, and several corticosteroid injections. The recommendation was a right lateral epicondylar debridement and extensor re-attachment with possible lateral collateral ligament reconstruction if indicated and a possible anconeus flap for coverage depending on the extent of the tear.

IMR ISSUES, DECISIONS AND RATIONALES

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

POSS LATERAL COLLATERAL LIGAMENT RECONSTRUCTION: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.NCBI.NLM.NIH.GOV/PUBMED/18299021>. Lateral Collateral Ligament instability of the elbow.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: http://www.wheelsonline.com/ortho/posterolateral_elbow_instability.

Decision rationale: The California MTUS and ACOEM Guidelines as well as ODG do not address lateral collateral ligament reconstruction. As such, secondary guidelines were sought. According to [wheelsonline.com](http://www.wheelsonline.com), there should be radiographic evidence of an MRI which includes chronic posterolateral rotatory instability of the elbow. Additionally, the non-operative treatment includes the forearm should be immobilized in pronation and elbow may be allowed free flexion extension in a hinged brace. The clinical documentation submitted for review indicated the injured worker had failed non-operative care including anti-inflammatory medications, activity modifications, a tennis elbow brace and corticosteroid injections. However, there was a lack of documentation indicating the injured worker had immobilization in pronation. Given the above, the request for possible lateral collateral ligament reconstruction is not medically necessary.

POSSIBLE ANCONEOUS MUSCLE FLAP: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.NCBI.NLM.NIH.GOV/PUBMED/10194023>. The Anconeus Muscle Flap: It's Anatomy and Clinical Application.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Nishida, K., Iwasaki, N., Funakoshi, T., Motomiya, M., & Minami, A. (2012). Prevention of instability of the proximal end of the radius after radial head resection using an anconeus muscle flap. *Hand Surgery*, 17(01), 25-31.

Decision rationale: The California MTUS/ACOEM Guidelines and ODG do not address anconeus muscle flaps. According to Nishida, K., Iwasaki, et. al. (2012), "The anconeus is useful as a reliable muscle flap for preventing instability of the proximal radius after a radial

head resection. This procedure does not require any microvascular techniques and makes it possible to apply a pedicled muscle flap using a relatively simple technique without any considerable risks of elbow dysfunction". The clinical documentation submitted for review does not support the necessity for a lateral collateral ligament reconstruction and a lateral epicondylar debridement, extensor reattachment. As such, there is a lack of documentation indicating a necessity for a possible anconeus muscle flap. Given the above, the request for possible anconeus muscle flap is not medically necessary.

RIGHT LATERAL EPICONDYLAR DEBRIDEMENT, EXTENSOR REATTACHMENT: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

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

Decision rationale: The ACOEM guidelines indicate that a surgical consultation may be appropriate for injured workers who have significant limitations of activity for more than 3 months and a failure to improve with exercise programs to increase range of motion and strength of musculature around the elbow. The preoperative expectations are that there is a necessity to adhere to a rehabilitative exercise regimen. The clinical documentation submitted for review indicated the injured worker had failed activity modifications, including a tennis elbow brace, anti-inflammatory medications, and cortisone injections. There was a lack of documentation indicating the injured worker had a rehabilitative exercise program and had significant limitations. Given the above, the request for right lateral epicondylar debridement extensor reattachment is not medically necessary.