

Case Number:	CM14-0016047		
Date Assigned:	03/03/2014	Date of Injury:	03/08/2013
Decision Date:	08/11/2014	UR Denial Date:	01/23/2014
Priority:	Standard	Application Received:	02/07/2014

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:

This is a 45-year-old female, accounts payable supervisor who sustained a vocational injury on 3/8/13. The records provided for review document a current diagnosis of right lateral epicondylitis and cubital tunnel syndrome. The report of an office visit on 1/15/14 noted continued to complain of right elbow pain with numbness and tingling into the 4-5th digits. Conservative treatment has included injection, acupuncture, and physical therapy. Examination showed that sensation was intact to light touch in all digits, there was full range of motion of the elbow and all digits. There was a positive Tinel's over the medial elbow. There was no interosseous weakness or hypothenar atrophy. There were subjective dysesthesias into the 4-5th digits consistent with cubital tunnel syndrome. There was a positive elbow flexion test noted. There was tenderness to palpation over the lateral aspect of the right elbow and pain with resisted extension and middle finger extension. The use of an elbow sleeve was recommended. The report of the EMG/NCV performed on 10/4/13 revealed normal nerve conduction study with no electrodiagnostic evidence of right median or ulnar neuropathy. The current request is for a right elbow lateral epicondylar release with NISCHL procedure with possible cubital tunnel release.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right elbow lateral epicondylar release (r) lateral epicondyle-nischl procedure with possible cubital tunnel release: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 35-36.

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

Decision rationale: The California ACOEM Elbow does not support the proposed surgery. The EMG/NCV report from 10/4/13 fails to identify pathology of the ulnar nerve, which ACOEM recommend prior to considering cubital tunnel release. In addition, the most recent office note available for review suggests that there was a discussion regarding the use of an elbow sleeve; however, there is no documentation that that conservative treatment was undertaken or if it was, the results of such. There is no documentation that anti-inflammatories have been utilized that are considered a first line conservative treatment option prior to considering surgical intervention. Based on the documentation presented for review and in accordance with California MTUS/ACOEM Guidelines, the request for surgical intervention in the form of a right elbow lateral epicondylar release-NISCHL procedure with possible cubital tunnel release cannot be considered medically necessary. Therefore, the request is not medically necessary