

Case Number:	CM14-0016840		
Date Assigned:	03/07/2014	Date of Injury:	09/25/2008
Decision Date:	06/30/2014	UR Denial Date:	01/10/2014
Priority:	Standard	Application Received:	02/10/2014

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 Neurosurgery 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 request for treatment noted the date of injury as September 25, 2008. The diagnosis is noted as a medial epicondylitis. The request is for a surgical decompression of the ulnar nerve. The mechanism of injury is noted to be a fall, treatment is included shoulder surgery, medications, physical therapy and electrodiagnostic studies. A full range of motion is noted to the bilateral elbows and in no particular motor or sensory loss. The most recent progress note (December, 2013) indicated ongoing complaints of pain. An orthopedic consultation was obtained suggesting surgical decompression. Imaging studies and the diagnostic studies were reported to be within normal limits. MRI the cervical spine noted degenerative osteophyte complexes.

IMR ISSUES, DECISIONS AND RATIONALES

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

RIGHT ULNAR NERVE DECOMPRESSION WITH MEDIAL EPICONDYLECTOMY AND FLEXOR TENDON RELEASE.: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: OCCUPATIONAL MEDICAL PRACTICE GUIDELINES, ELBOW DISORDERS, OCCUPATIONAL MEDICINE PRACTICE GUIDELINES, MEDIAL EPICONDYLECTOMY, 45-46

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, , 36

Decision rationale: As noted in the MTUS Lateral epicondylitis p 36, surgery for lateral epicondylalgia should only be a consideration for those patients who fail to improve after a minimum of 6 months of care that includes at least 3-4 different types of conservative treatment. However, there are unusual circumstances in which, after 3 months of failed conservative treatment, surgery may be considered. However, there are no functional losses. The physical examination noted no motor loss, no sensory loss; letter diagnostic testing was within normal limits as was the imaging studies. As such, there is no specific surgical lesion objectified in the progress of presented for review. According this request is not medically necessary.