

Case Number:	CM14-0117867		
Date Assigned:	08/06/2014	Date of Injury:	03/06/2012
Decision Date:	09/10/2014	UR Denial Date:	07/09/2014
Priority:	Standard	Application Received:	07/28/2014

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 claimant is a 55-year-old female who injured her neck and bilateral upper extremities on 03/06/12. The records provided for review document that the claimant underwent cervical decompressive surgery in early 2014. Available for review was preoperative electrodiagnostic studies from November, 2012, that showed left upper extremity entrapment at the median nerve at the wrist consistent with carpal tunnel syndrome. There was no documentation of ulnar nerve entrapment or pathology of the elbow. The report of a follow up visit on 06/24/14 revealed bilateral elbow complaints. Specific to the left upper extremity, the complaints consisted of radiating numbness and tingling to the ring and little digit with examination showing positive Tinel's sign at the cubital tunnel, positive flexion testing and no subluxation of the ulnar nerve. There was no documented tenderness at the medial epicondyle. There was no gross instability. There was tenderness over the lateral epicondyle at the origin of the extensor tendons. The report states that, based on failed conservative care, left lateral and medial epicondylectomy with decompression of the cubital tunnel and an endoscopic versus open carpal tunnel release to the left upper extremity was recommended.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left lateral and medial Epicondylectomy with fasciotomy; tendon debridement; reattach and ulnar nerve decompression and left endoscopic vs Open Carpal Tunnel release:

Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 44-49, Postsurgical Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007), Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 36; 265, 270.

Decision rationale: Based on California ACEOM Guidelines, the request for left lateral and medial epicondylectomy with fasciotomy; tendon debridement; reattach and ulnar nerve decompression and left endoscopic vs open carpal tunnel release is not recommended as medically necessary. Presently, the claimant does not have any documentation of tenderness about the medial epicondyle to support surgery for medial epicondylitis. In regards to both medial and lateral epicondylitis, there is no documentation of three to six months of conservative treatment focusing on multiple modalities including injection therapy. Also in this case there is no documentation of compressive pathology at the cubital tunnel on prior electrodiagnostic testing available for review. While this individual was noted to have positive compression findings at the carpal tunnel, the surgery as a whole cannot be recommended based on the above information.