

Case Number:	CM14-0151660		
Date Assigned:	09/19/2014	Date of Injury:	10/29/2012
Decision Date:	11/14/2014	UR Denial Date:	09/04/2014
Priority:	Standard	Application Received:	09/17/2014

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 Minnesota. 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 43 year old obese male with a history of chronic lateral elbow pain since he pulled on a cable on October 29, 2012. He improved with the first corticosteroid injection into the common extensor origin but did not improve with the second injection. He underwent surgical debridement on 07/29/2013. He only obtained 35% relief with the surgery. He underwent another injection after surgery which did not help. Physical therapy made his symptoms worse. An EMG and nerve conduction study showed evidence of right carpal tunnel syndrome and mild cubital tunnel syndrome but there was no evidence of radial tunnel syndrome. The worker received an injection of corticosteroids into the radial tunnel with no relief. Additional surgery consisting of revision extensor tendon debridement and radial tunnel release is requested. The medical necessity of this additional surgery is disputed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right elbow open revision extensor tendon debridement, open radial tunnel release:

Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 11, 12, 19-36, 38..

Decision rationale: The requested treatment is open revision extensor tendon debridement and open radial tunnel release. Radial nerve entrapment is relatively rare. The electrodiagnostic study did not show any evidence of the same. There are no quality studies on which to rely for the treatment of radial neuropathies. Without a precise diagnosis of the lesion with electrodiagnostic studies surgery for the radial tunnel as requested cannot be medically necessary. Revision open debridement of the unsuccessful prior surgery for lateral epicondylitis is not a consideration per evidence based guidelines. There is no objective evidence of a condition that is likely to benefit from surgery. The requested revision open debridement of the extensor tendon, right elbow is therefore not medically necessary.