

Case Number:	CM14-0154816		
Date Assigned:	09/24/2014	Date of Injury:	03/17/2014
Decision Date:	12/10/2014	UR Denial Date:	09/01/2014
Priority:	Standard	Application Received:	09/22/2014

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 Surgeon, has a subspecialty in Hand Surgeon and is licensed to practice in Texas. 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 37-year-old male who reported a repetitive strain injury on 03/17/2014. The current diagnosis is right elbow lateral epicondylitis with persistent cubital tunnel syndrome. The injured worker presented on 08/15/2014 with complaints of pain over the lateral and medial aspect of the elbow. Previous conservative treatment is noted to include medication management, activity modification, bracing and physical therapy. Physical examination revealed limited extension by 15 degrees, flexion to 140 degrees, positive provocative testing, positive elbow flexion test, and numbness over the ulnar distribution. Treatment recommendations at that time included a PRP injection into the right elbow and a cubital tunnel release versus ulnar nerve transposition. It is noted that the injured worker underwent a right elbow MRI on 06/04/2014, which revealed unremarkable findings. The injured worker also underwent electrodiagnostic studies on 07/11/2014, which revealed peripheral neuropathy of the right ulnar sensory nerve.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right Elbow Surgery of Cubital Ulnar Release vs Transition: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Cubital Tunnel Syndrome

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

Decision rationale: The California MTUS/ACOEM Practice Guidelines state a referral for surgical consultation may be indicated for patients who have significant limitations of activity for more than 3 months, failure to improve with exercise programs, and clear clinical and electrophysiological or imaging evidence of a lesion. Surgery for ulnar nerve entrapment requires establishing a firm diagnosis on the basis of clear clinical evidence and positive electrical studies. A decision to operate requires significant loss of function, as reflected in significant activity limitations due to nerve entrapment and that the patient has failed conservative care. The request was previously denied due to a lack of documentation of clinical cubital tunnel syndrome, a lack of EMG documentation of the diagnosis, and a lack of conservative care. It is noted in this review that the injured worker has been treated with physical therapy, bracing, activity modification and medication management. The injured worker continues to report pain over the lateral and medial aspect of the elbow with stiffness. There is objective evidence of limited extension by 15 degrees, positive provocative testing and numbness in the ulnar distribution. There was also electrodiagnostic evidence of right ulnar neuropathy. Therefore, the current request can be determined as medically appropriate in this case.

Platelet Rich Plasma (PRP) Injections: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Platelet-rich plasma (PRP)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Elbow Chapter, Platelet Rich Plasma

Decision rationale: The Official Disability Guidelines state platelet rich plasma injections are recommended as a second line option for chronic lateral epicondylitis after first line physical therapy. The injured worker does not maintain a diagnosis of chronic lateral epicondylitis. Based on the clinical information received and the Official Disability Guidelines, the request is not medically appropriate.

Physical Therapy 2- 3 times a week for 6 weeks for the right elbow: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 10 and 16.

Decision rationale: The California MTUS Guidelines state the initial course of therapy means one half of the number of visits specified in the general course of therapy for the specific surgery

in the postsurgical physical medicine treatment recommendations. The California MTUS Guidelines recommend 20 sessions over 3 months for postsurgical treatment following a cubital tunnel release. The current request for physical therapy 2 to 3 times per week for 6 weeks would exceed guideline recommendations. Therefore, the request cannot be determined as medically appropriate at this time.