

Case Number:	CM14-0174715		
Date Assigned:	10/27/2014	Date of Injury:	02/20/2014
Decision Date:	12/10/2014	UR Denial Date:	10/10/2014
Priority:	Standard	Application Received:	10/21/2014

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 case involves a 42-year-old female injured worker with an industrial injury dated 02/20/14. Ultrasound of the bilateral shoulders dated 08/15/14 appears to be normal. Ultrasound of the bilateral elbows dated 08/15/14 reveals a bilateral common flexor tendon origin edema, micro tears and fibrosis, bilateral ulnar neuritis, bilateral ulnar collateral edematous and thickened, and normal triceps and olecranon fossa. Exam note 09/17/14 states the patient returns with elbow and shoulder pain. Upon physical exam there is evidence of tenderness surrounding the area. Also it is noted that the patient experienced muscle spasms and completed an asymmetric range of motion. Treatment includes bilateral elbow lateral epicondyle and bilateral wrist carpal tunnel release injections.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left elbow lateral epicondyle injection under ultrasound guidance: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 35.

Decision rationale: CA MTUS/ACOEM Elbow chapter, page 35 recommends a minimum of 3-6 months of conservative care prior to contemplation of surgical care. Official Disability Guidelines (ODG), Elbow section, Surgery for epicondylitis, recommends 12 months of non-operative management with failure to improve with non-steroidal anti-inflammatory drugs (NSAIDs), elbow bands/straps, and activity modification and physical therapy program. In this case, there is insufficient evidence of failure of these modalities from the exam note of 9/17/14 to warrant a lateral epicondylar injection. Therefore, this request is not medically necessary.

Right elbow lateral epicondyle injection under ultrasound guidance: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 35.

Decision rationale: CA MTUS/ACOEM Elbow chapter, page 35 recommends a minimum of 3-6 months of conservative care prior to contemplation of surgical care. Official Disability Guidelines (ODG), Elbow section, Surgery for epicondylitis, recommends 12 months of non-operative management with failure to improve with non-steroidal anti-inflammatory drugs (NSAIDs), elbow bands/straps, activity modification and physical therapy program. In this case, there is insufficient evidence of failure of these modalities from the exam note of 9/17/14 to warrant a lateral epicondylar injection. Therefore, this request is not medically necessary.

Left wrist carpal tunnel release injection under ultrasound guidance: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 270.

Decision rationale: Per the CA MTUS/ACOEM guidelines, Chapter 11 Forearm, Wrist and Hand Complaints page 270, Electrodiagnostic testing is required to eval for carpal tunnel and stratify success in carpal tunnel release. In addition, the guidelines recommend splinting and medications as well as a cortisone injection to help facilitate diagnosis. In this case, there is lack of evidence in the records from 9/17/14 of electrodiagnostic evidence of carpal tunnel syndrome. In addition, there is lack of evidence of failed bracing or injections in the records. Therefore, this request is not medically necessary.

Right wrist carpal tunnel release injection under ultrasound guidance: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 270.

Decision rationale: Per the CA MTUS/ACOEM guidelines, Chapter 11 Forearm, Wrist and Hand Complaints page 270, Electrodiagnostic testing is required to eval for carpal tunnel and stratify success in carpal tunnel release. In addition, the guidelines recommend splinting and medications as well as a cortisone injection to help facilitate diagnosis. In this case, there is lack of evidence in the records from 9/17/14 of electrodiagnostic evidence of carpal tunnel syndrome. In addition, there is lack of evidence of failed bracing or injections in the records. Therefore, this request is not medically necessary.