

Case Number:	CM14-0030957		
Date Assigned:	06/20/2014	Date of Injury:	04/03/2010
Decision Date:	08/05/2014	UR Denial Date:	02/26/2014
Priority:	Standard	Application Received:	03/11/2014

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 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 68-year-old male who reported an injury on 04/03/2010. The mechanism of injury was not stated. Current diagnoses include status post cervical spine fusion, thoracic spine sprain/strain, right upper extremity radiculopathy, and tendonitis/impingement of the right shoulder. The injured worker was evaluated on 10/14/2013 with complaints of an increase in numbness of the right arm and hand. Physical examination revealed tenderness, weakness, and stiffness in the bilateral hands, significant thenar atrophy bilaterally, and clawing of the right hand. It is noted that an EMG study indicated severe bilateral cubital tunnel syndrome and bilateral carpal tunnel syndrome. Treatment recommendations at that time included an updated EMG/NCS of bilateral upper extremities and ulnar nerve surgery. The injured worker's electrodiagnostic study on 10/30/2013, indicated severe right carpal tunnel syndrome, and moderate to severe right cubital tunnel syndrome.

IMR ISSUES, DECISIONS AND RATIONALES

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

Partial Medial Epicondylectomy: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 603-606.

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

Decision rationale: California MTUS/ACOEM Practice Guidelines state referral for surgical consultation may be indicated for patients who have significant limitations of activity for more than 3 months, fail to improve with exercise programs and clear clinical and electrophysiologic or imaging evidence of a lesion. Quality studies are not available on surgery for medial epicondylitis. This surgery should only be in consideration for patients who fail to improve after a minimum of 6 months of care that includes at least 3 to 4 different types of conservative treatment. As per the documentation submitted for this review, the injured worker's electrodiagnostic study on 10/30/2013 does indicate evidence of moderate to severe right cubital tunnel syndrome. The injured worker continues to report increasing numbness in the right upper extremity. Physical examination does reveal tenderness, weakness, stiffness, atrophy, and clawing; however, there was no clinical documentation of significant symptoms related to the medial epicondyle. There was also no documentation of a minimum of 6 months of conservative treatment with at least 3 to 4 different types of treatment modalities. Therefore, the current request for a partial medial epicondylectomy cannot be determined as medically appropriate. As such, the request is non-certified.