

<b>Case Number:</b>	CM14-0058520		
<b>Date Assigned:</b>	07/11/2014	<b>Date of Injury:</b>	01/02/2013
<b>Decision Date:</b>	08/08/2014	<b>UR Denial Date:</b>	04/02/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/29/2014

### 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 40-year-old male sheet metal worker sustained an industrial injury on 1/2/13, relative to the repetitive strain of lifting steel on and off a cutting machine. Conservative treatment included elbow braces, anti-inflammatory medications, pain medications, physical therapy, and activity modification. Records documented multiple injections to both elbows, medially and laterally, with temporary relief. Records indicate that elbow pain was worse with activity and improved with rest and medication. The 2/11/14 left elbow MRI impression documented focal attenuation of the ulnar collateral ligament, highly suspicious for an ulnar collateral ligament tear. The 2/15/14 electrodiagnostic study findings evidenced right carpal tunnel syndrome with no evidence of ulnar neuropathy. The 3/21/14 orthopedic progress report cited constant grade 7/10 right elbow pain radiating to the wrist and up the arm. There was constant grade 5/10 left elbow pain that did not radiate. Pain was worse with work activities. The upper extremity exam documented bilateral findings of tenderness over the medial and lateral epicondyles, positive Tinel's at the medial elbows, positive Tinel's and Phalen's at the wrists, and decreased sensation to all digits. Grip strength was 40/40/42 on the right and 38/36/38 on the left. The treatment plan recommended bilateral medial epicondylectomies staged 4 weeks apart, and bilateral lateral epicondyle releases and reconstruction with absorbable sutures. The 4/2/14 utilization review denied the request for bilateral medial and lateral epicondyle surgery based on a lack of objective positive physical findings to support the medical necessity of these procedures. The 5/6/14 treating physician report indicated that the patient had developed increased symptoms one week prior and was given a Toradol injection and placed on a Medrol Dosepak. There was tenderness to palpation over both the bilateral medial and lateral epicondyles with positive Tinel's bilaterally. The patient was placed off work. The treating physician opined that the patient had met all necessary requirements for surgery and appealed the denial. The 5/27/14 treating

physician report indicate the patient had no change in symptoms. Ultram was more helpful for the right elbow than the left. Bilateral elbow exam documented full range of motion, good ligamentous stability, tenderness over the medial and lateral epicondyles, and positive Tinel's signs. The patient did not wish to proceed with surgery and was deemed permanent and stationary. Future surgery would still be an option.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Bilateral medial epicondylectomy: Bilateral lateral epicondyle release and reconstruction with absorbable sutures:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 44 -49. Decision based on Non-MTUS Citation Official Disability Guidelines, Elbow Chapter.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 35-36.

**Decision rationale:** The California MTUS updated ACOEM elbow guidelines state that surgery for medial and lateral epicondylalgia should only be a consideration for those patients who fail to improve after a minimum of 6 months of care that includes at least 3-4 different types of conservative treatment. However, there are unusual circumstances in which, after 3 months of failed conservative treatment, surgery may be considered. Guideline criteria have not been met. This patient presents with bilateral elbow pain but there is limited objective clinical evidence documented of medial and lateral epicondylitis. Exam findings documented tenderness and positive Tinel's with no ligamentous instability. Grip strength is symmetrical and functional. The left elbow MRI documented a positive ulnar collateral ligament tear. There is no imaging documented for the right elbow. Intermittent flare-ups of symptoms have responded to conservative therapies, including rest, medications, and physical therapy. Therefore, this request for bilateral medial epicondylectomy and bilateral lateral epicondyle release and reconstruction with absorbable sutures is not medically necessary.