

<b>Case Number:</b>	CM14-0065053		
<b>Date Assigned:</b>	07/11/2014	<b>Date of Injury:</b>	10/28/2008
<b>Decision Date:</b>	08/08/2014	<b>UR Denial Date:</b>	05/07/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/08/2014

### 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 Orthopaedic 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 42-year-old female housekeeper sustained an industrial injury on 10/28/08. Injury occurred when she tripped on a step and fell on her right elbow. Past surgical history was positive for right lateral epicondylar release and repair on 11/9/09, right elbow arthrotomy removal, loose bone synovectomy and microfracture capitellum for osteochondritis dissecans on 2/21/11, and right elbow arthrotomy, anterior capsulectomy, and resection of the radial head and osteophytes on 9/25/12. The 10/19/10 right upper extremity electrodiagnostic study revealed no evidence of ulnar neuropathy/cubital tunnel syndrome of the right upper extremity. The 3/20/14 treating physician progress report indicated that the patient has received cortisone injections into the right lateral epicondyle and radial tunnel with near complete relief of her symptoms for 3 to 4 days. She continues to complain of clicking and catching at the radiocapitellar joint but without discomfort. Physical exam demonstrated point tenderness over the lateral epicondyle and radial tunnel with pain with resisted wrist extension. Right radial tunnel release with concomitant revision lateral epicondyle debridement with reattachment was recommended given the benefit with diagnostic and therapeutic injections. The 5/7/14 utilization review denied the requests for right elbow surgery and associated surgical items given the lack of guideline support for multiple procedures, no evidence of significant activity limitations, and negative electrodiagnostic testing. The 5/19/14 treating physician report cited significant right lateral elbow and forearm pain. Physical exam documented maximal tenderness over the lateral epicondyle as well as over the radial tunnel. X-rays showed no proximal migration of the radius compared to the contralateral side with a well-positioned radial head excision on the right side. The treating physician opined the patient would benefit from radial tunnel release with concomitant lateral epicondyle debridement. The 5/30/14 right elbow MRI impression documented radial head resection, normal

posterior interosseous nerve and extensor muscle mass, and ulnar trochlear arthrosis most pronounced in the olecranon and posterior trochlear.

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

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

**Right lateral epicondyle debridement:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 235, 240. 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 based on Non-MTUS Citation Official Disability Guidelines (ODG) Elbow, Surgery for epicondylitis.

**Decision rationale:** The California MTUS updated ACOEM elbow guidelines state that surgery for 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. The Official Disability Guidelines criteria for lateral epicondylar release include limit surgery to severe neuropathies, 12 months of compliance with non-operative management (anti-inflammatories, elbow bands/straps, activity modification, and physical therapy exercise), and long-term failure with at least one type of injection. Guideline criteria have not been met. The patient has right elbow pain and decreased range of motion with clicking and catching. There is no electrodiagnostic or clinical exam evidence of severe neuropathy. This patient has undergone 3 prior surgeries and has not had full resolution of her symptoms. The treating physician has cited conservative treatment failure but there is no detailed documentation besides injections. Therefore, this request for right lateral epicondyle debridement is not medically necessary.

**Right radial tunnel release:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007). Decision based on Non-MTUS Citation [www.wheelsonline.com/ortho.radial\\_nerve](http://www.wheelsonline.com/ortho.radial_nerve) Wheelless Textbook of Orthopaedics.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 19.

**Decision rationale:** The California MTUS updated ACOEM elbow guidelines state that surgery for radial nerve entrapment requires establishing a firm diagnosis on the basis of clear clinical evidence. If the patient fails at least 3 to 6 months of conservative treatment, surgery may be a reasonable option if there is unequivocal evidence of radial tunnel syndrome including positive electrodiagnostic studies and objective evidence of loss of function. Guideline criteria have not been met. There is no current electrodiagnostic evidence of radial nerve entrapment. There is no

objective evidence of loss of function. The treating physician has cited conservative treatment failure but there is no detailed documentation besides injections. Therefore, this request for right radial tunnel release is not medically necessary.

**Custom post op sugar tong splint:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 595-596. Decision based on Non-MTUS Citation Official Disability Guidelines Elbow Splinting (padding).

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

**Decision rationale:** As the request for right elbow surgery is not medically necessary, the associated request for custom post op sugar tong splint is also not medically necessary.

**12 Physical Therapy:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Postsurgical Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 17.

**Decision rationale:** As the request for right elbow surgery is not medically necessary, the associated request for 12 Physical Therapy is also not medically necessary.