

<b>Case Number:</b>	CM14-0082135		
<b>Date Assigned:</b>	09/10/2014	<b>Date of Injury:</b>	09/08/2009
<b>Decision Date:</b>	10/06/2014	<b>UR Denial Date:</b>	05/26/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/03/2014

### 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 Occupational Medicine 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:

The claimant is a 40-year-old female who sustained a vocational injury on September 8, 2009. The medical records provided for review document diagnoses of right lateral epicondylitis, right carpal tunnel syndrome, and mildly severe reactive depression. The claimant underwent a right carpal arthrotomy for synovectomy, excision of right dorsal wrist ganglion of the scapholunate ligament, excision of accessory intrinsic extensor digitorum manus muscle, excision of flexor retinaculum, release of the right long finger, and release of the A1 pulley of the right long finger on April 20, 2010. The claimant underwent right De Quervain's tendon release and right wrist arthroscopy with triangular fibrocartilage debridement on April 29, 2011 and tendon volume reduction on the right long finger, excision of the right thumb sesamoid, ulnar, and radial release of A1 pulley on January 31, 2013. The office note dated January 17, 2014, noted right elbow and hand pain and tingling and that the claimant was using Terocin lotion daily for pain control. The claimant had discontinued use of all oral medications. Physical examination the lateral epicondyle was tender to palpation with mild to moderate edema. Examination of the right wrist was positive for Tinel's testing and tingling into the second and third digits. Conservative treatment was documented to include therapy, injections, medications and splints for right carpal tunnel syndrome without relief. This review is for multiple surgical requests.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Right Ulnar shortening Osteotomy:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Forearm, Wrist, & Hand

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 270-271. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Wheelless Textbook of Orthopedics, online

**Decision rationale:** Based on the California ACOEM Guidelines and supported by the Wheelless' Textbook of Orthopedics Online, the request for right ulnar shortening osteotomy cannot be considered medically necessary. The ACOEM Guidelines indicate that prior to considering surgical intervention for the forearm and wrist, there should be documentation that claimants have failed to respond to conservative treatment including worksite modifications. In addition, there should be clear clinical and special study evidence of a lesion that has been shown to benefit in both the short and long term from surgical intervention. The Wheelless' Textbook of Orthopedics Online notes that prior to considering surgical intervention in the form of an ulnar shortening osteotomy, there should be clear radiographic or additional diagnostic study evidence that patients are ulnar positive and would benefit from reduction in length of the ulna with regards to how it would specifically address the distal radial ulnar joint. The medical records provided for review do not contain any recent diagnostic study or plain radiographs which confirm that the claimant is ulnar positive and has pathology at the DRUJ. In addition, there is a lack of recent documentation supporting that the claimant has attempted, failed, and exhausted conservative treatment prior to recommending and proceeding with surgical intervention. Therefore, based on the documentation presented for review and in accordance with California MTUS/ACOEM, Official Disability Guidelines, and Wheelless Textbook of Orthopedics Online, the request for the right ulnar shortening osteotomy cannot be considered medically necessary.

**Right Lateral Epicondylitis Procedure:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Elbow

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

**Decision rationale:** California ACOEM Guidelines note that there should be documentation that claimants have failed to improve with exercise programs to increase range of motion and strength of musculature around the elbow. In addition, there is currently a large debate regarding whether lateral epicondylitis is an inflammatory condition or an encephalopathy and what treatments are most appropriately. Currently, surgical intervention is considered to have insufficient evidence to proceed in a regular surgical fashion and that claimants should have a minimum of three to six months of at least three to four different types of conservative treatment prior to recommending and considering surgical intervention. The documentation fails to establish the claimant has had a continuous recent regular course of conservative treatment to include at least three to four different types of modalities and treatment prior to considering and recommending surgical intervention. Therefore, based on the documentation presented for

review and in accordance with California ACOEM Guidelines, the request for the right lateral epicondylitis procedure cannot be considered medically necessary.

**Right Carpal Tunnel Release: 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): 270-271.

**Decision rationale:** California ACOEM Guidelines note that there should be clear clinical and special study evidence of a lesion which has been shown to benefit in both the short and long term from surgical intervention. There is a lack of documentation that the claimant has had recent electrodiagnostic studies to confirm carpal tunnel pathology and symptoms which would be amenable to surgical intervention. Therefore, based on the documentation presented for review and in accordance with California ACOEM Guidelines, the request for the right carpal tunnel release procedure cannot be considered medically necessary.

**Rayback Ulnar Shortening System: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.ncbi.nlm.nih.gov/pubmed/8228069>

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Forearm, Wrist and Hand chapter: TFCC Reconstruction

**Decision rationale:** The request for the ulnar shortening osteotomy of the right upper extremity has been considered not medically necessary based on documentation presented for review, and subsequently the request for the Rayhack Ulnar Shortening System cannot be considered medically necessary.