

Case Number:	CM14-0098115		
Date Assigned:	07/28/2014	Date of Injury:	05/30/2012
Decision Date:	09/24/2014	UR Denial Date:	06/10/2014
Priority:	Standard	Application Received:	06/26/2014

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 Anesthesia, has a subspecialty in Acupuncture & Pain 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:

55 year old female injured worker with date of injury 5/30/12 diagnosed with related pain in the bilateral upper extremities. Per progress report dated 6/10/14, the injured worker has since her injury had severe right lateral epicondyle pain radiating into the dorsal forearm, with some numbness and tingling on the back of the hand, and occasionally in the second, third, and fourth digits, with those digits turning blue and purple at times. The pain on the lateral elbow also goes up behind the right shoulder but not up into the neck. In the left hand, she has had some forearm pain on the dorsal aspect which she believed was secondary to overuse since she was hardly using the right hand at all. Per physical exam, Tinel's sign was negative at the wrists bilaterally. She was very tender on the right lateral epicondyle. She had a positive Phalen's test and a positive carpal tunnel compression test. MRI of the right elbow (date unknown) revealed evidence consistent with bone edema in the lateral epicondyle. An elbow effusion was noted and moderate osteoarthritic changes of the capitellum were described by the radiologist. A partial extensor tendon avulsion was noted. The documentation submitted for review does not indicate whether physical therapy was utilized. She has been treated with injections, acupuncture, and medication management. The date of UR decision was 6/10/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right Lateral Nirschl and Possible Carpal Tunnel Release: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007). 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): 35. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Carpal Tunnel Syndrome, Carpal Tunnel Release surgery.

Decision rationale: Per the ACOEM guidelines regarding surgical considerations for lateral epicondylalgia, a study was noted: "The second study evaluated 47 elbows (45 patients who had undergone conservative treatment for 12 months); 24 were treated with a formal open release (Nirschl) surgical technique and 23 with a percutaneous surgical technique. The results showed that "those patients undergoing a percutaneous release returned to work on average three weeks earlier and improved significantly more quickly than those undergoing an open procedure. The percutaneous procedure is a quicker and simpler procedure to undertake and produces significantly better results."ODG Indications for Surgery -- Carpal Tunnel Release:I. Severe CTS, requiring ALL of the following:A. Symptoms/findings of severe CTS, requiring ALL of the following:1 . Muscle atrophy, severe weakness of thenar muscles2. 2-point discrimination test > 6 mmB. Positive electrodiagnostic testingper the documentation submitted for review, nerve conduction study of the bilateral upper extremities was certified 5/30/14, however, the results of the study are not available for review. Per note dated 6/23/14, it was noted that EMG found no evidence of carpal tunnel; however, the electromyogram (EMG) report was not present. Though the Nirschl procedure would be appropriate, the carpal tunnel decompression would not. The request is not medically necessary.

Post Operative Occupational Therapy 2 Times a Week for 4 Weeks for Right Elbow/Hand:
Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 16-17.

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

Decision rationale: Per the Post-surgical Treatment Guidelines: Elbow & Upper Arm Lateral epicondylitis/Tennis elbow (ICD9 726.32): Postsurgical treatment: 12 visits over 12 weeks. Postsurgical physical medicine treatment period: 6 months. As the requested surgery was not medically necessary, post-operative occupational therapy is not medically necessary.