

<b>Case Number:</b>	CM14-0012079		
<b>Date Assigned:</b>	02/26/2015	<b>Date of Injury:</b>	01/01/2013
<b>Decision Date:</b>	04/02/2015	<b>UR Denial Date:</b>	01/22/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/30/2014

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:  
 State(s) of Licensure: Illinois, California, Texas  
 Certification(s)/Specialty: Orthopedic Surgery

### 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 59-year-old male who sustained an industrial injury on 1/1/13. The 8/23/13 cervical spine MRI documented multilevel cervical disc bulges at C4/5, C5/6, and C6/7 with nerve root impingement involving the bilateral C6, left C7, and right C5 exiting nerve roots. The 12/4/13 treating physician report cited continued upper extremity symptomatology, with a diagnosis of double crush syndrome. He had multilevel cervical spondylosis with chronic headaches, tension between the shoulder blades, and migraines. Cervical spine exam documented paravertebral muscle spasms, positive axial loading compression test, extension of symptoms into the upper extremities, positive palmar compression subsequent to Phalen's maneuver, positive Tinel's over the carpal tunnel, and positive Spurling's. Left elbow exam documented pain and tenderness over the medial epicondyle, and a fair amount of discomfort with paresthesias in the left cubital fossa, consistent with ulnar neuropathy with extension of symptoms in the ulnar two digits. Elbow flexion test was positive, and discomfort around the arcade of Struthers was noted. Overlapping symptomatology in the C5-7 distribution was noted, left greater than right, with a positive Spurling's maneuver. The diagnosis included cervical discopathy, and carpal tunnel/double crush syndrome. Due to continued persistent symptomatology in the upper extremities, including his cervical spine, a simple surgical release in his left elbow would be advised to give him the relief that he needs. Residual cervical root-type pain was to be expected. The 12/14/13 upper extremity electrodiagnostic study evidenced mild to moderately severe bilateral carpal tunnel syndrome. The 1/22/14 utilization review non-certified the request for lateral epicondylar release, left elbow, left cubital tunnel release with

ulnar nerve transposition with associated post-op rehab and gentle range of motion exercises to the left elbow, 3 times 4 and medical clearance. MTUS/ACOEM and Official Disability Guidelines were cited.

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

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

**Lateral epicondylar release, left elbow, left cubital tunnel release with ulnar nerve transposition:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 603-606. 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): 35-37.

**Decision rationale:** The California MTUS 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. Guidelines state that surgery for ulnar nerve entrapment requires establishing a firm diagnosis on the basis of clear clinical evidence and positive electrical studies that correlate with clinical findings. Guideline criteria have not been met. This patient presents with overlapping findings in the C5-7 and ulnar nerve distribution, and electrodiagnostic evidence of mild to moderately severe carpal tunnel syndrome. There is no electrodiagnostic evidence of ulnar neuropathy. Detailed evidence of up to 3 to 6 months of a recent, reasonable and/or comprehensive non-operative guideline-recommended treatment protocol trial for epicondylitis and failure has not been submitted. Therefore, this request is not medically necessary.

**Post-op rehab and gentle range of motion exercises to the left elbow, 3 times 4:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 17-18.

**Decision rationale:** As the surgical request is not supported, this request is not medically necessary.

**Medical clearance:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Institute for Clinical Systems Improvement (ICSI). Preoperative evaluation. Bloomington (MN): Institute for Clinical Systems Improvement (ICSI); 2010 Jun. 40 p.

**Decision rationale:** As the surgical request is not supported, this request is not medically necessary.