

Case Number:	CM14-0113542		
Date Assigned:	08/01/2014	Date of Injury:	04/01/2013
Decision Date:	04/21/2015	UR Denial Date:	07/08/2014
Priority:	Standard	Application Received:	07/18/2014

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: Minnesota, Florida

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 28 year old female, who sustained an industrial injury on April 1, 2013. The diagnosis was not included in the physicians report dated June 11, 2014. Treatment to date has included right lateral epicondylectomy with fascial stripping, first dorsal compartment release, flexor carpi radialis tendon sheath release and radial tunnel release on February 28, 2014, physical therapy, seven sessions, Non-steroidal anti-inflammatory drug and muscle relaxant. Currently, the injured worker complains of left arm pain. In a progress note dated June 11, 2014, the treating provider reports examination of the right hand reveals well healed incision over the right elbow and the wrist, improving range of motion, mild tenderness over the first dorsal compartment, and weakness in pinch and grip strength. The left side reveals significant tenderness over the lateral epicondyle region, tenderness over the radial tunnel region, moderate tenderness over the first dorsal compartment and positive Finkelstein test.

IMR ISSUES, DECISIONS AND RATIONALES

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

(Outpatient) Left wrist dorsal compartment release, radial tunnel release, and lateral epicondylectomy with fascial stripping: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 270-271. Decision based on Non-MTUS Citation Elbow

Disorders. In: Ilegmann K (ed), Occupational Medicine Guidelines, 2nd Ed (2007 Revision)-pp. 26 and 44-49.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007), Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 271, 35, 36, 38.

Decision rationale: The injured worker is a 28-year-old female with a date of injury of 4/1/2013. She had undergone a right lateral epicondylectomy with fascial stripping, first dorsal compartment release, and flexor carpi radialis tendon sheath release and radial tunnel release on 2/20/2014. The documentation provided indicates that on 6/11/2014 she reported continuing pain in the right upper extremity and also started noticing symptoms on the left side. There was tenderness over the left lateral epicondyle and tenderness over the radial tunnel. She was also tender over the first dorsal compartment. The pain was aggravated by extension of the wrist and fingers. Finkelstein's test was positive. Electrodiagnostic studies dated 9/9/2013 were normal. Surgery for the left elbow including lateral epicondylectomy and radial tunnel release and 1st dorsal compartment release for the left wrist were requested. A similar request for the right upper extremity had been approved on 1/29/2014. The request for the procedure on the left upper extremity was noncertified by utilization review as the EMG and nerve conduction study did not document radial nerve entrapment. In addition, the conservative treatment had not been exhausted. The final results of the procedure on the right upper extremity were not known and it was not known how the injured worker had responded to the lateral epicondylectomy and fascial stripping of the right elbow. Therefore the procedure was noncertified on the left side. The injured worker had undergone surgery on her right elbow on 2/20/2014 and 4 months later she was still complaining of pain and additional physical therapy was requested. The documentation provided does not indicate the end result. The request as stated is for a lateral epicondylectomy and fascial stripping on the left side. However, nonoperative treatment for the left elbow has not been documented. The California MTUS guidelines indicate surgical considerations for lateral epicondylalgia after conservative care for a minimum of 3-6 months. The guidelines also state that there are no published randomized controlled trials that indicate that surgery improves the condition over nonsurgical options. The guidelines also state that patients undergoing percutaneous release improve significantly more quickly than those undergoing an open procedure. With regard to radial nerve entrapment a firm diagnosis is necessary per guideline recommendations. Positive electrical studies that correlate with clinical findings should be present. The documentation indicates the EMG and nerve conduction studies were negative. Absent findings of severe neuropathy such as muscle wasting, at least 3-6 months of conservative care should precede a decision to operate. In light of the above, the guideline criteria have not been met and as such, the requests for lateral epicondylectomy with fascial stripping and radial tunnel release are not supported and the medical necessity of the requests has not been substantiated. With respect to the de Quervain's syndrome, the guidelines indicate that the majority of patients will have resolution of symptoms with conservative treatment. Under unusual circumstances of persistent pain at the wrist and limitation of function, surgery may be an option. The documentation does not indicate exhaustion of the conservative treatment. As such, the request for the dorsal compartment release is not supported and the medical necessity of the request has not been substantiated.