

Case Number:	CM14-0189967		
Date Assigned:	11/21/2014	Date of Injury:	08/20/2012
Decision Date:	01/16/2015	UR Denial Date:	10/16/2014
Priority:	Standard	Application Received:	11/14/2014

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 Orthopedic Surgery, and is licensed to practice in Minnesota. 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 injured worker is a 44 year old diabetic female with chronic lateral epicondylalgia of both elbows. Her date of injury was 8/20/2012. She underwent bilateral carpal tunnel releases in the past and has bilateral mild cubital tunnel syndrome as well. EMG and Nerve conduction studies of 8/2/2013 were reported to be normal. A request for bilateral elbow surgery for epicondylalgia was non-certified on 7/28/2014. A repeat request was again non-certified by Utilization Review on 10/16/2014. There was no detailed elbow physical examination provided. Details of the recent conservative treatment were also not provided. The reviewer cited MTUS and ODG guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Common extensor tendon release at the elbows: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007). Decision based on Non-MTUS Citation ODG Elbow Chapter

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 34, 35, 36.

Decision rationale: California MTUS guidelines indicate chronic elbow pain may be part of a widespread pain syndrome including the distal upper extremities, shoulders, neck, periscapular areas and lower back. Physical examination should include assessment of other tender areas.

Such a physical examination with tender points is not documented. Referral for surgical consultation may be indicated if there is significant limitation of activity for more than 3 months and failure to improve with exercise programs to increase range of motion and strength of the musculature around the elbow or clear clinical and electrophysiologic or imaging evidence of a lesion that has been shown to benefit in both the short and long term from surgical repair. Surgery for lateral epicondylalgia should only be a consideration for patients who fail to improve with at least 3-4 different types of conservative treatment over a minimum of 6 months. The available documentation does not provide details of such a treatment program to meet the guideline criteria.. Surgery for lateral epicondylalgia is not necessary in 95 percent of patients and various types of non-operative treatment are usually sufficient. In light of the above the request for common extensor release at the elbows is not supported and as such, the request is not medically necessary.