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| Case Number: | CM14-0192463 | | |
| Date Assigned: | 11/26/2014 | Date of Injury: | 11/12/2013 |
| Decision Date: | 02/13/2015 | UR Denial Date: | 10/18/2014 |
| Priority: | Standard | Application Received: | 11/18/2014 |

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. The expert reviewer is Board Certified in General Surgeon, has a subspecialty in Surgery of the Hand and is licensed to practice in Texas. 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:

Patient is a 59-year-old female with 11/12/13 date of injury due to repetitive use. Past letter 02/14 progress report states that the patient presents for review of the nerve conduction study. EMG shows abnormality suggestive of mild early left carpal tunnel syndrome, no evidence of left ulnar or radial neuropathy or pulley neuropathy. Patient continues to complain of discomfort and pain over the lateral aspect of the elbow as well as into the wrist. Physical exam states 0 degrees extension, 130 degrees flexion. Tenderness over the lateral epicondyles, increased pain with resistance. On the wrist, there is a positive Tinel's test along the median nerve, decreased sensation thenar and index finger. Assessment: Left elbow lateral epicondylitis. Left wrist carpal tunnel syndrome. 09/23/14 progress report by the primary care physician states that the patient reports left lateral elbow supersharper and "burning" character, 2/10 at rest, 10/10 to touch, 20/10 when lifting. Left dorsal forearm Wolfe "major pooling" character, 10/10 in severity, when lifting. Tingling in left thumb, index and long finger tips occur periodically. Right proximal dorsal forearm pain is also present. Patient is taking Aleve, wearing tennis elbow strap, no longer doing stretches due to pain. Objectively, range of motion in the left elbow and forearm is limited due to pain and guarding. Left and right lateral epicondyles very tender on palpation. Small movable mass in the left antecubital fossa. Tinel's is positive on the left wrist. 8/28/14 left elbow MRI states high signal intensity of the common extensor tendon in its proximal attachment at lateral epicondyle. Intermediate signal density within the proximal radial collateral ligament, compatible with degeneration or mild partial thickness tear. Diagnoses: Lateral epicondylitis of the left elbow, numbness and tingling of skin.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lateral Epicondyle Revision with Partial Osteotomy: Overturned

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 603-06. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Elbow Chapter

Decision rationale: Records indicate that the patient received a left lateral epicondyle injection on 11/12/13. The 02/06/14 progress report states that left lateral epicondylitis are resolved. This, in addition with the currently present symptoms, establishes the medical appropriateness of the requested surgical treatment. It appears that the pain has returned and physical examinations of two different physicians concluded the presence of lateral epicondylitis. Due to the fact that his symptoms have persisted for over a year and conservative measures, including injection therapy, have failed, the lateral epicondyle revision with partial osteotomy is medically necessary and appropriate.

Left Wrist Endoscopic Carpal Tunnel Release: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 270-271. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Carpal Tunnel Syndrome Chapter

Decision rationale: The guideline criteria for carpal tunnel release are not met. The only two symptoms described are some thenar hypoesthesia and positive Tinel's. Despite the fact that there is a positive EMG indicating a mild carpal tunnel syndrome, the guidelines require a description of decreased 2 point discrimination, abnormal Katz hand diagram scores, nocturnal symptoms, flick sign, in addition to at least 3 conservative treatment measures attempted. Therefore, the requested carpal tunnel release is not medically necessary at this time.