

Case Number:	CM14-0198637		
Date Assigned:	12/08/2014	Date of Injury:	05/15/2014
Decision Date:	01/23/2015	UR Denial Date:	11/06/2014
Priority:	Standard	Application Received:	11/25/2014

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 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:

The injured worker is a 63-year-old female who reported an injury on 05/15/2014. Mechanism of injury was not submitted for review. The injured worker's diagnosis of right lateral epicondylitis, left lateral epicondylitis, bilateral carpal tunnel syndrome, and right trigger thumb. Past medical treatment consists of physical therapy, steroid injections, and medication therapy. Medications consist of diclofenac XR, omeprazole, tramadol ER, Wellbutrin, gabapentin, and cyclobenzaprine. On 07/14/2014, the injured worker underwent an EMG/NCS of the bilateral upper extremities. It was noted that the injured worker had bilateral carpal tunnel syndrome, mild to moderate on the right and moderate on the left side, with prolonged median sensory nerve latencies, prolonged left median motor nerve latency and relative slowing of the right median motor nerve latency compared to the back of the right ulnar motor nerve across the wrist. There was no evidence of ulnar neuropathy, radial neuropathy, or cervical radiculopathy. On 08/25/2014, the injured worker complained of pain in her elbows, and triggering of the fingers. Physical examination of the left elbow revealed negative to tenderness over the medial epicondyle. There was mild tenderness over the lateral epicondyle. There was negative pain with resisted wrist flexion, and negative pain with resisted long finger extension. The injured worker was negative for Tinel's over the cubital tunnel and roll over test. Range of motion consisted of extension 0 degrees, flexion of 135 degrees, supination of 90 degrees, and pronation of 90 degrees. Testing revealed Tinel's was positive bilaterally, Phalen's was positive bilaterally, and median nerve compression test was positive. Medical treatment plan is for the injured worker to undergo left elbow open lateral fasciotomy. Rationale and Request for Authorization form were not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left elbow open lateral fasciectomy: 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, Surgery for Epicondylitis

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Elbow, Surgery for epicondylitis

Decision rationale: The request for left elbow open lateral fasciectomy is not medically necessary. The Official Disability Guidelines recommend surgery for epicondylitis when the patient has 12 months of failed conservative treatment, to include NSAIDs, elbow band straps, activity modification, and physical therapy exercise programs. Criteria also state that long term failure with at least 1 type of injection, ideally with documented short term relief from an injection is also necessary. It was documented in the submitted report, 08/25/2014, that the injured worker had been treated with physical therapy and medications. It also noted that she received a steroid injection in her left elbow and right thumb, which gave her some relief. On physical examination, it was noted that the injured worker had some functional deficits. However, according to the Official Disability Guidelines, it is recommended that patients be treated for at least 12 months with conservative treatments prior to surgery. It was documented in the report that the injured worker sustained injury on 05/15/2014. Given the above, the injured worker is not within the Official Disability Guidelines recommended guideline criteria. As such, the request is not medically necessary.