

Case Number:	CM14-0209136		
Date Assigned:	12/22/2014	Date of Injury:	06/11/2012
Decision Date:	02/13/2015	UR Denial Date:	12/09/2014
Priority:	Standard	Application Received:	12/15/2014

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 California. 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:

According to the records made available for review, this is a 50-year-old female with a 9/11/12 date of injury. At the time (11/4/14) of request for authorization for left elbow cubital tunnel release, lateral epicondylectomy, there is documentation of subjective (ongoing moderate to severe left elbow pain with numbness and tingling) and objective (tenderness to palpation over the medial epicondyle and lateral epicondyle, positive Tinel's over the cubital and ulnar tunnels on the left, and positive flexion test) findings, imaging findings (electrodiagnostic study of the bilateral upper extremities (11/13/13) report revealed normal left ulnar motor conduction study and no electrodiagnostic evidence of ulnar pathology at the elbows or wrists bilaterally), current diagnoses (left medial epicondylitis, left lateral epicondylitis, left cubital tunnel syndrome, and left ulnar tunnel syndrome), and treatment to date (medication, activity modification, and physical therapy). There is no documentation of positive electrodiagnostic studies with delayed NCV, and failure of additional conservative treatment (elbow pad/splint for a 3 month trial period).

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional post-op physical therapy for the right ankle/foot, 3 times a week for 6 weeks (18 sessions): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99. Decision based on Non-MTUS Citation ODG-Physical Therapy Guidelines

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 37. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Elbow Chapter, Surgery for Cubital Tunnel Syndrome (Ulnar Nerve Entrapment).

Decision rationale: MTUS reference to ACOEM guidelines identifies documentation of positive electrodiagnostic studies with objective loss of function and lack of improvement with conservative care, as criteria necessary to support the medical necessity of simple decompression of the ulnar nerve. ODG identifies documentation of subjective/objective findings consistent with ulnar neuropathy, significant activity limitations, delayed NCV, and failure of conservative treatment (exercise, activity modification, medications, and elbow pad/splint for a 3 month trial period), as criteria necessary to support the medical necessity of simple decompression of the ulnar nerve. Within the medical information available for review, there is documentation of diagnoses of left medial epicondylitis, left lateral epicondylitis, left cubital tunnel syndrome, and left ulnar tunnel syndrome. In addition, given documentation of subjective (ongoing moderate to severe left elbow pain with numbness and tingling) and objective (tenderness to palpation over the medial epicondyle and lateral epicondyle, positive Tinel's over the cubital and ulnar tunnels on the left, and positive flexion test) findings, there is documentation of subjective/objective findings consistent with ulnar neuropathy, significant activity limitation, objective loss of function, and lack of improvement with conservative care (exercise, activity modification, medications). However, given documentation of electrodiagnostic studies of the BUE identifying normal left ulnar motor conduction study and no electrodiagnostic evidence of ulnar pathology at the elbows or wrists bilaterally, there is no documentation of positive electrodiagnostic studies with delayed NCV. In addition, there is no documentation of failure of additional conservative treatment (elbow pad/splint for a 3 month trial period). Therefore, based on guidelines and a review of the evidence, the request for left elbow cubital tunnel release, lateral epicondylectomy is not medically necessary.