

Case Number:	CM14-0218875		
Date Assigned:	01/08/2015	Date of Injury:	07/01/2013
Decision Date:	03/16/2015	UR Denial Date:	11/25/2014
Priority:	Standard	Application Received:	12/30/2014

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: California
 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 54 year old female who sustained a work related injury on 7/1/13. There was no mechanism of injury documented. There was no relevant past medical history and no current medications were listed. The electromyogram dated 1/8/14 revealed mild to moderate bilateral carpal tunnel syndrome. According to the primary treating physician's progress report, dated 10/21/14, the injured worker presented with complaints of persistent symptomology in the upper extremities with the greatest over the right elbow. There is constant pain in the right elbow, frequent pain in left elbow as well as both wrists. This is aggravated by lifting, gripping, grasping, pulling, as well as torquing and fine manipulation activities. The pain is worsening in the right elbow. On a scale of 1-10 the pain is a 7. The injured worker is 5 feet 3 inches and 135 pounds. Physical exam reveals tenderness in bilateral elbow medial epicondyle. Resisted flexion of the right wrist reproduces the symptoms. There is a positive Thiel's in the right cubital fossa. There is positive tinel's and phalen's signs at the wrists, left greater than right. There is full range of motion but painful. There is decreased sensation in the ulnar and radial digits, greater in the ulnar than the radial. The Injured Worker had cortisone injection to the right medial epicondylar region with immediate relief of pain. The diagnoses were carpal tunnel/cubital tunnel syndrome and epicondylitis. The current medications were not listed. Prior treatments per the UR included use of brace, rest, physical therapy and pain medications. Work status is documented as working full duties and may continue to do so. She will require a brief period of temporary total disability postoperatively. According to the utilization review performed on 11/25/14, the requested surgery to the right medial epicondylor release with repair of flexion tendon mechanism and

subsequent cubital tunnel release has been modified to requested right medial epicondylar release with repair of flexion tendon mechanism only. The physician noted that clinical guidelines indicate that for ulnar nerve decompression there needs to be clinical evidence of nerve compromise confirmed by electro diagnostic testing. The electrodiagnostic testing in this case does not confirm ulnar nerve decompression at the elbow. The MTUS, ACOEM and Official Disability Guidelines (ODG) were cited in support of the decision.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right medial epicondylar release with mechanism and subsequent cubital tunnel release:
Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007), Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 35, 270.

Decision rationale: CA MTUS/ACOEM Elbow chapter, page 35 recommends a minimum of 3-6 months of conservative care prior to contemplation of surgical care. In this case there is insufficient evidence of failure of conservative care to warrant a medial epicondylar release. In addition there is the EMG from 1/8/14 does not demonstrate cubital tunnel syndrome. Therefore determination is for non-certification. Per the CA MTUS/ACOEM guidelines, Chapter 11 Forearm, Wrist and Hand Complaints page 270, Electrodiagnostic testing is required to eval for carpal tunnel and stratifies success in carpal tunnel release. In addition, the guidelines recommend splinting and medications as well as a cortisone injection to help facilitate diagnosis. In this case there is lack of evidence of failed bracing or injections in the records. Therefore the determination is for non-certification.