

<b>Case Number:</b>	CM15-0138031		
<b>Date Assigned:</b>	08/21/2015	<b>Date of Injury:</b>	09/21/2011
<b>Decision Date:</b>	09/18/2015	<b>UR Denial Date:</b>	07/16/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/17/2015

### 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, Oregon, Washington  
 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 52 year old female, who sustained an industrial injury on 9-21-2011. Diagnoses include chronic pain syndrome, depression, right ulnar impaction syndrome status post ulnar shortening with improvement of symptoms, right lateral epicondylitis status-post surgical treatment with persistent symptoms, right radial tunnel syndrome, right cubital tunnel syndrome, left ulnar impaction syndrome status post low shortening osteotomy with persistent symptoms, chronic sprain left wrist, left ganglion cyst, and instability left distal radial ulnar joint. Treatment to date has included prior surgical intervention (undated) as well as conservative treatment including medications, cortisone injections and activity modification. Medications include Tramadol, Hydrocodone, Prilosec, Neurontin and Lexapro. Per the office Visit Report dated 7-08-2015, the injured worker reported severe pain in both upper extremities. She reported severe pain in the forearm in the area of the retained plate and over the lateral aspect of the right elbow. Physical examination of the upper extremities revealed well healed incisions of the right lateral elbow and right and left ulnar forearms. There was decreased sensation to light touch right small and ring finger. There was a positive Tinel's sign at the medial aspect of the right elbow, positive bend elbow sign and tenderness over the radial tunnel. Magnetic resonance imaging (MRI) of the right elbow dated 5-26-2015 was read by the evaluating provider as possible partial common extensor tearing. The plan of care included surgical intervention and authorization was requested for right lateral epicondylar debridement, extensor reattachment, lateral collateral ligament reconstruction and anconeus muscle flap, radial nerve release, unspecified if inpatient or outpatient.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Right Lateral Epicondylar Debridement, Extensor Reattachment, Lateral Collateral Ligament Reconstruction and Anconeus Muscle Flap, Radial Nerve Release, unspecified if inpatient/outpatient: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Elbow (Acute & Chronic) - Criteria for Lateral Epicondylar Release for Chronic Lateral Epicondylar Release.

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

**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. ODG, Elbow section, Surgery for epicondylitis, recommends 12 months of non-operative management with failure to improve with NSAIDs, elbow bands/straps, activity modification and physical therapy program. In addition there should be failure of injection into the elbow to relieve symptoms. In this case there is insufficient evidence of failure of conservative care of 12 months to warrant a lateral epicondylar release. Therefore the request is not medically necessary.

**Associated surgical service: 12 post op occupational therapy sessions for the Right Elbow, 2x6 weeks: Upheld**

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

**MAXIMUS guideline:** The Expert Reviewer did not cite any medical evidence for its decision.

**Decision rationale:** Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

**Associated surgical service: 12 post op occupational therapy sessions for the right forearm, 2x6 weeks: Upheld**

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

**MAXIMUS guideline:** The Expert Reviewer did not cite any medical evidence for its decision.

**Decision rationale:** Since the primary procedure is not medically necessary, none of the associated services are medically necessary.