

Case Number:	CM15-0164015		
Date Assigned:	09/01/2015	Date of Injury:	09/25/2012
Decision Date:	10/19/2015	UR Denial Date:	07/24/2015
Priority:	Standard	Application Received:	08/20/2015

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, Indiana, Oregon
 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 40 year old female, who sustained an industrial injury on 9-25-2012. She reported pain in the right hand and elbows from repetitive activity. Diagnoses include bilateral cubital syndrome, epicondylitis, and nerve entrapment, status post bilateral epicondylectomy. Treatments to date include activity modification, cortisone injections, and physical therapy. Currently, she complained of bilateral elbow pain associated with numbness and tingling. On 7-16-15, the physical examination documented slight swelling in the right elbow and well surgical incision. The left elbow was tender and positive Tinel's sign. There was decreased range of motion bilaterally. The plan of care included a request to authorize a left lateral and medial epicondylectomy with fasciotomy tendon debridement and reattachment, left radial tunnel release, redo ulnar nerve decompression left elbow and submuscular transposition.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left lateral and medial epicondylectomy with fasciotomy tendon debridement and reattachment Qty: 1.00: Upheld

Claims Administrator guideline: Decision based on MTUS Elbow Complaints 2007, Section(s): Lateral Epicondylalgia.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation 1. Kim, Kang Wook, et al. "Minimal epicondylectomy improves neurologic deficits in moderate to severe cubital tunnel syndrome." *Clinical Orthopaedics and Related Research* 470.5 (2012): 1405-1413. 2. Schnabl, Saskia M., et al. "Subjective outcome, neurophysiological investigations, postoperative complications and recurrence rate of partial medial epicondylectomy in cubital tunnel syndrome." *Archives of Orthopaedic and trauma surgery* 131.8 (2011): 1027-1033.

Decision rationale: CA MTUS/ACOEM and ODG elbow are silent on medial epicondylectomy for treatment of cubital tunnel syndrome. Alternative references are used: 1. Kim, Kang Wook, et al. 'Minimal epicondylectomy improves neurologic deficits in moderate to severe cubital tunnel syndrome.' *Clinical Orthopaedics and Related Research* 470.5 (2012): 1405-1413.2. Schnabl, Saskia M., et al. 'Subjective outcome, neurophysiological investigations, postoperative complications and recurrence rate of partial medial epicondylectomy in cubital tunnel syndrome.' *Archives of Orthopaedic and trauma surgery* 131.8 (2011): 1027-1033. In these studies, superior outcomes are achieved with small medial epicondylectomy when patients had moderate to severe cubital tunnel syndrome pre-operatively. In this case, the EMG does not show moderate or severe disease. The request is therefore not medically necessary.

Left radial tunnel release Qty: 1.00: Upheld

Claims Administrator guideline: Decision based on MTUS Elbow Complaints 2007, Section(s): Radial Nerve Entrapment.

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

Decision rationale: CA MTUS/ACOEM is silent on the issue of radial tunnel surgery. Per the ODG, Elbow (Acute and chronic), Surgery for radial tunnel syndrome (lesion of radial nerve), recommended as an option in simple cases after 3-6 months of conservative care plus positive electrodiagnostic studies and objective evidence of loss of function. Surgical decompression of radial tunnel syndrome (RTS), a relatively rare condition, remains controversial because the results are unpredictable. Surgical decompression may be beneficial for simple RTS, but may be less successful if there are coexisting additional nerve compression syndromes or lateral epicondylitis or if the patient is receiving workers compensation. In this case there no evidence by electrodiagnostic studies to warrant surgical care. Therefore the request is not medically necessary.

Redo ulnar nerve decompression left elbow Qty: 1.00: Upheld

Claims Administrator guideline: Decision based on MTUS Elbow Complaints 2007, Section(s): Ulnar Nerve Entrapment.

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

Decision rationale: CA MTUS/ACOEM is silent on the issue of surgery for cubital tunnel syndrome. According to the ODG, Elbow section, Surgery for cubital tunnel syndrome, indications include exercise, activity modification, medications and elbow pad and or night splint for a 3-month trial period. Simple decompression is recommended unless instability is documented. In this case, there is improvement in EMG done after the decompression. Continued observation or demonstration of progressive changes on the EMG is recommended prior to surgery. The request is not medically necessary.

Submuscular transposition Qty: 1.00: Upheld

Claims Administrator guideline: Decision based on MTUS Elbow Complaints 2007.

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

Decision rationale: CA MTUS/ACOEM is silent on the issue of surgery for cubital tunnel syndrome. According to the ODG, Elbow section, Surgery for cubital tunnel syndrome, indications include exercise, activity modification, medications and elbow pad and or night splint for a 3-month trial period. Simple decompression is recommended unless instability is documented. The ulnar nerve decompression is not necessary so the transposition is not necessary.

Pre-operative medical clearance Qty: 1.00: 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: As the requested surgical procedure is not medically necessary, none of the associated services are medically necessary and appropriate.

Post-operative Physical/ Occupational therapy for left elbow: 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: As the requested surgical procedure is not medically necessary, none of the associated services are medically necessary and appropriate.