

<b>Case Number:</b>	CM15-0214024		
<b>Date Assigned:</b>	11/03/2015	<b>Date of Injury:</b>	06/23/2010
<b>Decision Date:</b>	12/23/2015	<b>UR Denial Date:</b>	10/16/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/30/2015

### 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: Minnesota, Florida  
 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 36 year old female, who sustained an industrial injury on 06-23-2010. A review of the medical records indicates that the worker is undergoing treatment for left medial epicondylitis, status post left ulnar nerve release, status post left distal radioulnar joint reconstruction and ulnar shortening osteotomy and left shoulder impingement syndrome. MRI of the right elbow on 04-08-2015 was noted to reveal chronic medial epicondylitis. On 06-26-2015 the worker reported continued pain along the medial elbow. Objective findings revealed pain along the flexor-pronator origin and resistance with pronation and flexion with increased discomfort. Left carpal tunnel injection was performed. On 08-11-2015 the worker reported ongoing difficulty with the left arm with pain in the ulnar wrist, elbow and shoulder and cramping in the ring and small fingers as well as numbness and tingling and increased pain with flexion or extension of the elbow or putting any pressure on the elbow. The injection received into the flexor pronator origin was noted to help 30% with reduction of symptoms for two weeks. Symptoms were noted as subsequently recurring. Objective findings showed positive drop arm, Hawkin's, Neer's and O'brien's tests, tenderness of the shoulder, slight tenderness of the ulnar nerve within the cubital tunnel, mild numbness and tingling to the ring and small fingers with elbow flexion test, tenderness with ulnar deviation and loading of the TFC with increased pain and mild tingling to the thumb and index finger at 25 seconds. The plan of care included MRI's of the shoulder and medial elbow and injections. MRI of the shoulder was noted as being denied due to no acute change in symptoms. Subjective complaints (10-05-2015) included continued left upper extremity and medial elbow pain. Objective findings (10-05-2015)

included reproduction of symptoms with flexion and pronation against resistance and tenderness of the flexor-pronator origin. Treatment has included Ibuprofen, Tramadol, Norco (since at least 04-14-2015), injections and 20 + sessions of physical therapy. The physician noted that the physical therapy sessions and medication had not been helpful and that symptoms had slowly progressed. There was no documentation of pain ratings before and after the use of Norco, the duration of pain relief or any objective functional improvement with use. The physician noted that the worker had plateaued with appropriate conservative treatment modalities and that surgical treatment was elected. A utilization review dated 10-16-2015 non-certified requests for left medial nirschl procedure, 8 sessions of post op occupational therapy and Norco 10-325 mg #45 with 1 refill.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Left medial nirschl procedure:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Elbow Complaints 2007, Section(s): Medial Epicondylalgia.

**Decision rationale:** The California MTUS guidelines indicate surgical outcomes for medial epicondylalgia are somewhat worse compared to lateral epicondylalgia. There are moderate side effects. Therefore surgery should only be a consideration for those patients who fail to improve after a minimum of 6 months of care that includes at least 3-4 different types of conservative treatment. In this case, the documentation indicates one corticosteroid injection with some improvement. 3-4 different types of conservative treatment have not been documented. Evidence of a recent comprehensive nonoperative treatment protocol with trial/failure using 3-4 different types of conservative treatment for 6 months has not been documented. As such, the requested medial Nirschl procedure is not supported by guidelines and the medical necessity of the request has not been substantiated.

**Post op occupational therapy 8 sessions:** 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.

**Norco 10/325mg #45 with 1 refill:** 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.