

<b>Case Number:</b>	CM15-0051704		
<b>Date Assigned:</b>	03/25/2015	<b>Date of Injury:</b>	02/24/2014
<b>Decision Date:</b>	05/01/2015	<b>UR Denial Date:</b>	02/12/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/19/2015

### 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: Illinois, California, Texas  
 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 37-year-old female who sustained an industrial injury on 2/24/14. She reported an onset of right elbow pain and hand numbness with work duties. Initial diagnosis was right ulnar nerve entrapment at the elbow, carpal tunnel syndrome and lateral epicondylitis. Conservative treatment included tennis elbow brace, elbow splinting, wrist brace, anti-inflammatory medications, activity modification, and occupational therapy. The patient reported persistent pain and numbness, worse with movement and relieved with rest and pain medication. The 6/13/14 right upper extremity nerve conduction study was reported as normal, with no evidence of peripheral entrapment neuropathy. The 1/26/15 treating provider report cited continued lateral elbow pain that shoots up and down the arm, and shooting pain and numbness to the 4th and 5th digits. Symptoms were worse with lifting and repetitive activity. Right elbow exam documented positive Tinel's, positive elbow flexion test, and slight decrease in right ring finger ulnar sensation. There was tenderness over the lateral epicondyle and pain with resisted wrist or finger extension. The diagnosis was right cubital tunnel syndrome and lateral epicondylitis. The treating physician report indicated that elbow pain had worsened with continued symptoms of cubital tunnel syndrome. Early cubital tunnel syndrome may have a negative nerve conduction study. The treatment plan recommended right cubital tunnel and lateral epicondylitis release to resolve the elbow pain and improve numbness. The 2/12/15 utilization review non-certified requests for right cubital tunnel release and lateral epicondylar release. The non-certification for the lateral epicondylar release indicated that objective findings were limited to local tenderness and there was no documentation of a corticosteroid injection or

failure of left lateral elbow focused conservative treatment. The 2/18/15 appeal letter was relative to the right cubital tunnel release. Right elbow findings documented normal range of motion with no swelling, effusion or deformity. There was lateral epicondyle tenderness and positive Tinel's. Motor and sensation was intact. The patient continued to have numbness in the right 1st, 4th, and 5th digits and had failed medications, braces, and occupational therapy. The hand surgeon recommended right cubital tunnel release. Additional appeal was noted on 3/26/15 for cubital tunnel release only.

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

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

#### **1 Right Elbow Lateral Epicondylar Release: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 37,35-36.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 35-36.

**Decision rationale:** The California MTUS updated ACOEM elbow guidelines state that surgery for lateral epicondylalgia 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. However, there are unusual circumstances in which, after 3 months of failed conservative treatment, surgery may be considered. Although some individuals will improve with surgery for lateral epicondylalgia, at this time there are no published RCTs that indicate that surgery improves the condition over non-surgical options. Guideline criteria have not been met. The patient present with right elbow pain and persistent 4th and 5th digit numbness. Clinical exam findings documented lateral epicondyle tenderness and positive resisted wrist and finger extension testing. However, there is no evidence of imaging or positive diagnostic injection test to confirm the diagnosis of lateral epicondylitis. Detailed evidence of a recent, reasonable and/or comprehensive non-operative treatment protocol trial focused on lateral epicondylitis and failure has not been submitted. Therefore, this request is not medically necessary.