

Case Number:	CM15-0056067		
Date Assigned:	04/01/2015	Date of Injury:	07/10/2008
Decision Date:	05/19/2015	UR Denial Date:	03/09/2015
Priority:	Standard	Application Received:	03/24/2015

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

Certification(s)/Specialty: Orthopedic Surgery, Sports Medicine

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 50-year-old who reported injury on 07/10/2008 due to a fall. The injured worker underwent a Kenalog injection and a corticosteroid injection. The injured worker underwent electrodiagnostic studies of the upper extremities dated 11/25/2014 which revealed entrapment neuropathy of the ulnar nerve across the elbows with mild slowing of nerve conduction velocities. The injured worker was noted to undergo an MRI of the right elbow which revealed mild medial epicondylitis, mild joint effusion and no definite evidence of internal derangement. There was a Request for Authorization submitted for review dated 02/12/2015. The documentation of 01/26/2015 revealed the injured worker has significant right arm pain interfering with activities of daily living. There was noted to be constant pain in the right shoulder and right elbow aggravated by lifting, gripping, grasping, pulling, pushing, and torquing activities. The pain was noted to be worsening. The physical examination revealed there was a positive Cozen's sign and tenderness over the medial epicondyle and olecranon fossa greater than lateral epicondyle on the right side great than the left. There was diminished sensation of the ulnar 2 digits. The injured worker was injected into right medial epicondylar region. The diagnoses included bilateral cubital and carpal tunnel syndrome, right greater than the left, medial epicondylitis and medial greater than the lateral epicondylitis. The treatment plan and discussion included the injured worker had exhausted physical therapy. The injections provided immediate relief of symptoms confirming the source of pain as the medial epicondyle. The MRI of the elbow confirmed pathology and the electrodiagnostic studies indicated there was ulnar nerve entrapment, the request was made for surgical intervention.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right cubital tunnel release with possible ulnar nerve transposition and right medial and lateral epicondylar release: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): s 44-46.

Decision rationale: The ACOEM Guidelines indicate that a surgical consultation may be appropriate for injured workers who have significant limitations of activity for more than 3 months, failure to improve with exercise programs and to increase range of motion and strength of musculature around the elbow, clear clinical and electrophysiologic or imaging evidence of a lesion has been shown to benefit in both the short and long term from surgical repair. For lateral epicondylitis conservative treatment should be 3 to 6 months and for ulnar nerve entrapment for cubital tunnel syndrome there should be documentation of a failure of conservative care including full compliance therapy, use of elbow pads, removing opportunities to rest the elbow and ulnar groove, workstation changes and avoiding nerve irritation at night by preventing prolonged elbow flexion while sleeping. The clinical documentation submitted for review failed to provide documentation of full compliance therapy for the elbows including the use of elbow pads, removing opportunities to rest the elbow on the ulnar groove, and avoiding nerve irritation at night by preventing prolonged elbow flexion while sleeping. There was documentation of a failure of conservative care regarding the epicondylitis and, as such, the surgery for epicondylitis would be supported. However, as the cubital tunnel is found to be not medically necessary, the request for right cubital tunnel release with possible ulnar nerve transposition and right medial and lateral epicondyle release is not medically necessary.

Associated surgical service: Medical clearance: 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: Purchase of arm sling: 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.

Post operative rehab and gentle range of motion exercises 3 times a week for 4 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.