MAXIMUS Federal Services

Case Number:	CM15-0058849		
Date Assigned:	04/03/2015	Date of Injury:	12/17/2013
Decision Date:	05/18/2015	UR Denial Date:	03/13/2015
Priority:	Standard	Application Received:	03/27/2015

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:

This 39 year old woman sustained an industrial injury on 12/17/2013. The mechanism of injury is not detailed. The current diagnosis is left lateral epicondylalgia. Prior surgery included a left carpal tunnel release, left cubital tunnel release with anterior transposition of the ulnar nerve, debridement of medial epicondyle, ganglion cyst excision, left wrist and conservative treatment of lateral epicondylalgia with one corticosteroid injection and physical therapy. Evaluations include an elbow MRI that was negative for extensor origin inflammation or tear or ligamentous injury. Treatment has included oral medications, surgical interventions as above, physical therapy, and cortisone injection. Physician notes on a PR-2 dated 2/27/2015 show continued complaints of elbow pain that were made worse after the joint cortisone injection. Recommendations include surgical intervention for the lateral epicondylalgia. The request was noncertified by utilization review citing CA MTUS guidelines. Conservative treatment had not been exhausted. This is now appealed to an independent medical review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lateral Epicondylar Debridement of Left Elbow: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 34, 35, 36.

Decision rationale: The MRI scan of the left elbow dated January 2, 2015 is noted. The impression was new very low-grade brachioradialis muscle strain. No muscle tear or intramuscular fluid collection. Common extensor tendon and lateral supporting ligamentous structures are intact and normal. Mild tendinosis and intrasubstance partial tearing of the common flexor tendon at its humeral origin with mild peritendinitis inflammation. No displaced torn fibers. Anterior and posterior bundles of ulnar collateral ligament remained intact and normal. Evidence of intercurrent ulnar nerve transposition with mild residual enlargement and hyperintense signal within the nerve, which could relate to residual or chronic ulnar neuritis in the appropriate clinical setting. The chart note dated February 27, 2015 indicated a second opinion was obtained and the differential diagnosis was left elbow lateral epicondylitis versus left elbow ulnohumeral arthrosis with impingement. The documentation indicates that she did not improve after a lateral epicondylar injection and also did not improve after a joint injection. On examination, the point tenderness was over the lateral epicondyle and she did have pain with resisted extension of the wrist with the elbow extended. There was some point tenderness along the ulnohumeral joint line. The assessment was status post left carpal tunnel release and left wrist ganglion cyst excision (2/25/14), left elbow cubital tunnel release and anterior transposition of the ulnar nerve with medial epicondylar debridement (6/24/14), no improvement after the left elbow ulnohumeral cortisone injection, and no improvement after prior lateral epicondyle cortisone injection. The provider indicated the next appropriate step was surgery. California MTUS guidelines indicate referral for surgical consultation may be indicated for patients who have significant limitations of activity for more than 3 months, failed to improve with exercise programs to increase range of motion and strengthening of the musculature around the elbow, or clear clinical and electrophysiologic or imaging evidence of a lesion that have been shown to benefit in both the short and long-term from surgical repair. For lateral epicondylalgia conservative care should be maintained for a minimum of 3-6 months. At this time, there are no published RCTs that indicate that surgery improves the condition over nonsurgical options. There are clinical trials to compare different surgical techniques but this type of study cannot show the benefit of surgical intervention over medical treatment or untreated controls, particularly when numerous studies have documented the tendency for the condition to spontaneously improve over time. The 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. The documentation provided does not include an objective diagnosis of lateral epicondylalgia supported by imaging studies. Furthermore, 6 months of nonsurgical treatment involving 3-4 different types of treatment has not been documented. As such, the guideline criteria have not been met and the medical necessity of the request for surgery has not been substantiated.