

Case Number:	CM15-0076552		
Date Assigned:	04/28/2015	Date of Injury:	11/17/2014
Decision Date:	08/04/2015	UR Denial Date:	04/01/2015
Priority:	Standard	Application Received:	04/22/2015

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

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 60 year old male, who sustained an industrial injury on November 17, 2014 while working as a carpet layer. The injured worker has been treated for bilateral elbow and hand complaints due to repetitive use. The diagnoses have included right lateral epicondylitis, elbow pain, loose body in left elbow, arthritis of the left elbow, cubital tunnel syndrome, s/s of unspecified site of wrist and carpal tunnel syndrome. Treatment to date has included medications, radiological studies, electrodiagnostic studies and elbow brace. Current documentation dated February 17, 2015 notes that the injured worker reported right elbow pain with associated numbness and tingling to the hand and fingers. He also reported intermittent locking of the elbow. Objective findings included tenderness of the right lateral epicondyle, cubital tunnel, biceps tendon and radiocapitellar articulation. Provocative testing revealed a positive Tine'sl test, pain with resisted wrist extension and elbow flexion. The treating physician's plan of care included requests for an arthrotomy with excision/release of loose bodies in the right elbow, lateral epicondyle release right elbow, repair versus reconstruction lateral ulnar collateral ligament with Palmaris longus graft of the right elbow, endoscopic versus open cubital tunnel release of the right elbow, endoscopic verses open carpal tunnel release of the right wrist, pre-operative labs, chest x-ray and post-operative physical therapy #12.

IMR ISSUES, DECISIONS AND RATIONALES

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

Arthrotomy with excision/release of loose bodies, right elbow: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: CA MTUS/ACOEM Elbow chapter, page 35 recommends a minimum of 3-6 months of conservative care prior to contemplation of surgical care. In this case, there is insufficient evidence of failure of conservative care of 3-6 months from the exam note of 2/17/15 to warrant an elbow arthrotomy with excision/release of loose bodies. Therefore, the request is not medically necessary.

Lateral epicondylar release, right elbow: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 35. Decision based on Non-MTUS Citation ODG, Elbow section, Surgery for epicondylitis.

Decision rationale: CA MTUS/ACOEM Elbow chapter, page 35 recommends a minimum of 3-6 months of conservative care prior to contemplation of surgical care. ODG, Elbow section, Surgery for epicondylitis, recommends 12 months of non-operative management with failure to improve with NSAIDs, elbow bands/straps, activity modification and physical therapy program. In addition there should be failure of injection into the elbow to relieve symptoms. In this case, there is insufficient evidence of failure of conservative care for 1 year from the exam note of 2/17/15 to warrant a lateral epicondylar release. Therefore, this request is not medically necessary.

Repair versus reconstruction lateral ulnar collateral ligament with Palmaris longus graft, right elbow: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: CA MTUS/ACOEM Elbow chapter, page 35 recommends a minimum of 3-6 months of conservative care prior to contemplation of surgical care. In this case, there is insufficient evidence of failure of conservative care of 3-6 months from the exam note of 2/17/15

to warrant an elbow repair versus reconstruction lateral ulnar collateral ligament with Palmaris graft. Therefore, the request is not medically necessary.

Endoscopic versus open cubital tunnel release, right elbow: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Elbow section, Surgery for cubital tunnel syndrome.

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. In this case there is insufficient evidence in the exam note of 2/17/15 that the claimant has satisfied these criteria. Therefore the determination is for non-certification.

Endoscopic versus open carpal tunnel release, right wrist: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 270.

Decision rationale: Per the CA MTUS/ACOEM guidelines, Chapter 11 Forearm, Wrist and Hand Complaints page 270, Electrodiagnostic testing is required to eval for carpal tunnel and stratifies success in carpal tunnel release. In addition, the guidelines recommend splinting and medications as well as a cortisone injection to help facilitate diagnosis. In this case, there is lack of evidence in the records from 2/17/15 of failed bracing or injections in the records. Therefore, the request is not medically necessary.

Preoperative labs: CBC, CMP, EKG, chest x-ray: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back, Preoperative testing.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

Postoperative physical therapy 2x6: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 17.

Decision rationale: As the requested surgical procedure is not medically necessary, none of the associated services are medically necessary and appropriate.