MAXIMUS Federal Services

Case Number:	CM15-0115227		
Date Assigned:	06/23/2015	Date of Injury:	04/01/2014
Decision Date:	07/22/2015	UR Denial Date:	05/14/2015
Priority:	Standard	Application Received:	06/15/2015

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, Indiana, Oregon
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 46-year-old male sustained an industrial injury on 4/1/14. He subsequently reported left elbow and bilateral wrist pain. Diagnoses include carpal tunnel syndrome, shoulder impingement syndrome and strains and strains of the elbow. Treatments to date include nerve conduction, x-ray and MRI testing, physical therapy, splinting and prescription pain medications. The injured worker continues to experience left shoulder area pain. Upon examination, left grip strength is reduced, tenderness is noted over the left medial epicondyle and Tinel's and Phalen's are positive on the left Guyon's canal. A request for Left Medial Epicondylectomy with Left CTR was made by the treating physician.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left Medial Epicondylectomy with Left CTR: 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): 35. Decision based on Non-MTUS Citation 1. Kim, Kang Wook, et al. "Minimal epicondylectomy improves neurologic deficits in moderate to severe cubital tunnel

syndrome. " Clinical Orthopaedics and Related Research® 470. 5 (2012): 1405-1413. 2. Schnabl, Saskia M., et al. "Subjective outcome, neurophysiological investigations, postoperative complications and recurrence rate of partial medial epicondylectomy in cubital tunnel syndrome. " Archives of orthopaedic and trauma surgery 131. 8 (2011): 1027-1033. In these studies, superior outcomes are achieved with small medial epicondylectomy when patients had moderate to severe cubital tunnel syndrome pre-operatively.

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. CA MTUS/ACOEM and ODG elbow are silent on medial epicondylectomy for treatment of cubital tunnel syndrome. Alternative references are used: 1. Kim, Kang Wook, et al. "Minimal epicondylectomy improves neurologic deficits in moderate to severe cubital tunnel syndrome. " Clinical Orthopaedics and Related Research 470. 5 (2012): 1405-1413. 2. Schnabl, Saskia M. , et al. "Subjective outcome, neurophysiological investigations, postoperative complications and recurrence rate of partial medial epicondylectomy in cubital tunnel syndrome. " Archives of orthopaedic and trauma surgery 131. 8 (2011): 1027-1033. In these studies, superior outcomes are achieved with small medial epicondylectomy when patients had moderate to severe cubital tunnel syndrome pre-operatively. In this case, there is insufficient evidence of failure of conservative care for 6 months to warrant a medial epicondylar release. In the PR prior to surgical request, the physician states that the epicondylagia is associated with ulnar nerve findings clinically. Based on the normal EMG studies this would represent only very mild disease and epicondylectomy is not recommended in those cases. Based on this, the request is not medically necessary.