

<b>Case Number:</b>	CM15-0115725		
<b>Date Assigned:</b>	06/24/2015	<b>Date of Injury:</b>	08/29/2013
<b>Decision Date:</b>	07/22/2015	<b>UR Denial Date:</b>	05/21/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/16/2015

### 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 a 41-year-old male with an industrial injury dated 08/29/2013. His diagnoses included right medial and lateral epicondylitis and clinical evidence of right carpal tunnel syndrome and right cubital tunnel syndrome. Prior treatment included plasma rich injections (no long-term relief), splinting, physical therapy and anti-inflammatory medications. He presents on 05/05/2015 with complaints of pain in both the medial and lateral elbow as well as numbness and tingling in right hand. Physical exam noted tenderness over the medial flexor origin and lateral extensor origin and pain with both resisted wrist flexion and resisted wrist extension. There was tenderness over the ulnar nerve at the right medial elbow with a positive Tinel's sign. There was also tenderness over the right median nerve at the wrist. EMG done on 12/03/2014 findings was: Does not meet electrical criteria for carpal tunnel syndrome. No evidence of cubital tunnel syndrome. Distal right ulnar neuropathy was present. MRI of right wrist done on 11/06/2014 showed mild osteoarthritis with degenerative fraying of the triangular fibro cartilage complex. Treatment plan included surgery for lateral extensor origin repair with epicondylectomy and right medial flexor origin repair with epicondylectomy, Voltaren and Prilosec. The request is for right lateral extensor origin repair with epicondylectomy and right medial flexor origin repair with epicondylectomy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Right medial flexor origin repair with epicondylectomy: Upheld**

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, 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 5/5/15 that the claimant has satisfied these criteria. Therefore, the request is not medically necessary.

**Right Lateral extensor origin repair with epicondylectomy: Upheld**

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. 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 of 12 months to warrant a lateral epicondylar release. Therefore, the request is not medically necessary.