

Case Number:	CM15-0120457		
Date Assigned:	07/01/2015	Date of Injury:	07/10/2008
Decision Date:	07/30/2015	UR Denial Date:	06/10/2015
Priority:	Standard	Application Received:	06/22/2015

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, 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:

The injured worker is a 50 year old male, who sustained an industrial injury on 7/10/2008. Diagnoses have included cubital tunnel syndrome and medial epicondylitis of the elbow. Treatment to date has included physical therapy, cortisone injection and medication. According to the progress report dated 5/4/2015, the injured worker complained of pain in his right elbow with associated tingling and numbness rated 8/10. He complained of right shoulder pain radiating to his neck with associated tingling and numbness rated 8/10. He complained of left elbow pain rated 7/10. He also complained of pain in his bilateral knees and right foot. Exam of the bilateral elbows revealed tenderness at the medial epicondyle and olecranon fossa greater than the lateral epicondyle, the right side significantly greater than the left. There was positive Cozen's sign and positive Tinel's sign at the elbows extending into the ulnar two digits. There was diminished sensation of the ulnar two digits. There was tenderness over the volar aspect of the wrist. Authorization was requested for right medial and lateral epicondylar release with possible cubital tunnel release.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right medial and lateral epicondylar release with possible cubital tunnel release: 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 (ODG) elbow.

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 in the 5/4/15 exam note of failure of conservative care of 12 months to warrant a lateral epicondylar release. Based on this the request is not medically necessary.