

Case Number:	CM15-0126440		
Date Assigned:	07/13/2015	Date of Injury:	11/11/2014
Decision Date:	09/21/2015	UR Denial Date:	06/10/2015
Priority:	Standard	Application Received:	06/30/2015

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, Oregon, Washington
 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 35-year-old male, who sustained an industrial injury on 11/11/14. He has reported initial complaints of pain and swelling in the right elbow. The diagnoses have included right elbow sprain, right medial epicondylitis, right elbow loose bodies, contracture, post traumatic exostoses and cubital tunnel syndrome. Treatment to date has included medications, activity modifications, diagnostics, physical therapy, steroid injection, anti-inflammatories and other modalities. Currently, as per the physician progress note dated 5/28/15, the injured worker complains of right elbow pain with swelling. He also complains of numbness and tingling. The pain is rated 8/10 on pain scale that comes, goes, and is worse. There is locking and catching of the right elbow, there is also loss of range of motion. The objective findings reveal elbow range of motion right/left is extension 25/0, flexion 125/140, and supination is 60/70 and pronation is 70/75 percent. There is moderate tenderness of the radiocapitellar joint. There is positive Tinel's percussion test of the cubital tunnel. The elbow flexion test is positive for cubital tunnel and there is posterior olecranon fossa tenderness. The diagnostic testing that was performed included Magnetic Resonance Imaging (MRI) of the right elbow that reveals degenerative change, joint effusion and two loose bodies present, and tendinopathy/medial epicondylitis. There was also x-rays of the right elbow that revealed numerous loose bodies of the coronoid and olecranon fossa. The current medications included Norco and Xanax. The physician noted that the industrial injury has resulted in a right elbow effusion. He has multiple loose bodies and elbow contracture and some post traumatic exostoses and cubital tunnel syndrome. He has also failed conservative measures. There is previous physical therapy sessions noted in the records. The physician

requested treatments included Extensive Debridement of Exostoses of Olecranon and Coronoid Process, Anterior and Posterior Capsular Contracture Release, In Situ Decompression of Ulnar Nerve at Elbow, CAT (computerized axial tomography) scan Right Elbow and NCS (nerve conduction study) Right Elbow.

IMR ISSUES, DECISIONS AND RATIONALES

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

Extensive Debridement of Exostoses of Olecranon and Coronoid Process: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007), Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 38, 239-240, table 10-6. Decision based on Non-MTUS Citation Official Disability Guidelines: Cubital Tunnel Surgery.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Functional Elbow Range of Motion for Contemporary Tasks, Matthew Sardelli, MD; Robert Z. Tashjian, MD; Bruce A. MacWilliams, PhD, J Bone Joint Surg Am, 2011 Mar 02; 93 (5): 471 -477.

Decision rationale: MTUS and ODG are silent with regard to debridement of olecranon and coronoid process. Per the cited medical reference, the ROM necessary for ADL's is 27-149 extension and flexion and 20-104 pronation and supination. The range of motion documented on 5/28/15 is within this range and thus the proposed surgery is not medically necessary.

Anterior and Posterior Capsular Contracture Release: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007), Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 38, 239-240, table 10-6. Decision based on Non-MTUS Citation Official Disability Guidelines: Cubital Tunnel Surgery.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Functional Elbow Range of Motion for Contemporary Tasks, Matthew Sardelli, MD; Robert Z. Tashjian, MD; Bruce A. MacWilliams, PhD, J Bone Joint Surg Am, 2011 Mar 02; 93 (5): 471 -477.

Decision rationale: MTUS and ODG are silent with regard to debridement of olecranon and coronoid process. Per the cited medical reference, the ROM necessary for ADL's is 27-149 extension and flexion and 20-104 pronation and supination. The range of motion documented on 5/28/15 is within this range and thus the proposed surgery is not medically necessary.

In Situ Decompression of Ulnar Nerve at Elbow: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007), Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 38, 239-240, table 10-6. Decision based on Non-MTUS Citation Official Disability Guidelines: Cubital Tunnel Surgery.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 18. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Elbow section.

Decision rationale: CA MTUS/ACOEM Elbow Complaints Chapter 10 (2007 supplement) page 18 states that focused NCS/EMG with "inching technique" is required for the accurate diagnosis of cubital tunnel syndrome. As there is no EMG, evidence of cubital tunnel syndrome the request is not medically necessary. 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 records that the claimant has satisfied these criteria in the cited records. Therefore, the determination is not medically necessary.

CAT (computerized axial tomography) scan Right Elbow: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Computed tomography (CT) and CT arthrography.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Elbow (Acute and Chronic).

Decision rationale: Per the ODG, an elbow CT is indicated if: Indications for imaging -- Computed tomography (CT) & CT arthrography: Suspect intra-articular osteocartilaginous body; radiographs non-diagnostic (CT elbow without contrast or CT arthrography elbow). Suspect unstable osteochondral injury; radiographs non-diagnostic (CT arthrography elbow). Elbow stiffness; suspect heterotopic ossification/osteophytosis by radiograph. Next test (CT elbow without contrast). Due to the decreased range of motion, this patient's physician is concerned regarding an intra-articular osteocartilaginous body. Due to this fact a CT of the elbow is reasonable and medically necessary.

NCS (nerve conduction study) Right Elbow: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007), Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): tables 10- 1, 10-3, 10-6, 11-1, 11-4, 11-7. Decision based on Non-MTUS Citation Official Disability Guidelines: Carpal Tunnel - electrodiagnostics.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Tests for cubital tunnel syndrome (ulnar nerve entrapment) AND Carpal tunnel section.

Decision rationale: CA MTUS/ACOEM is silent on the issue of EMG/NCV testing. According to the ODG, Tests for cubital tunnel syndrome (ulnar nerve entrapment) are under study. The guidelines report that there is insufficient data to allow for firm evidence-based conclusions regarding the effectiveness of any tests for cubital tunnel syndrome. Therefore, the request is non-certified and not medically necessary. CA MTUS/ACOEM is silent on the issue of EMG/NCV testing. According to the ODG, Carpal tunnel section, "Recommended in patients with clinical signs of CTS who may be candidates for surgery. Appropriate electrodiagnostic studies (EDS) include nerve conduction studies (NCS)." In this case, there is no evidence of neurologic deficits or carpal tunnel syndrome in the cited records from 5/28/15 to warrant NCS or EMG. Therefore, the determination is not medically necessary.