MAXIMUS Federal Services

Case Number:	CM13-0008089		
Date Assigned:	12/11/2013	Date of Injury:	01/20/2012
Decision Date:	03/06/2014	UR Denial Date:	07/24/2013
Priority:	Standard	Application Received:	08/07/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Orthopedic Surgery, and is licensed to practice in Texas. 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 physician 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is a 51-year-old who reported an injury on 01/20/2012 due to repetitive trauma while performing normal job duties. The patient reportedly developed an injury to the bilateral elbows and wrists. Conservative treatments included physical therapy, steroid injections, activity modifications, and nonsteroidal anti-inflammatory drugs. The patient underwent an electrodiagnostic study in 03/2012 that determined there was no right sided motor neuropathy or evidence of radiculopathy. The patient's most recent clinical examination findings report that the patient has persistent pain that has been recalcitrant to conservative measures. Physical findings included: diffuse tenderness to palpation throughout the bilateral forearms with focal tenderness over the bilateral medial and lateral epicondyles. The patient's diagnoses included lateral epicondylitis bilaterally, medial epicondylitis bilaterally, right shoulder strain, and de Quervain's tenosynovitis of the bilateral wrist. The patient's treatment plan included continuation of medication, replacement of the patient's wrist supports and surgical intervention.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right Elbow Medial and Lateral Epicondylectomy: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 44-49.

Decision rationale: The requested right elbow medial and lateral epicondylectomy is not medically necessary or appropriate. The American College of Occupational and Environmental Medicine recommends surgical consultation for patients with significant activity limitations for longer than 3 months that fail to respond to conservative treatments and are supported by clear clinical and electrophysiological or imaging evidence of a lesion that would benefit from surgical repair. The clinical documentation submitted for review does provide evidence that the patient has tenderness to palpation over the lateral and medial epicondyle. However, the clinical evidence is not supported by an electrophysiological or imaging study. Therefore, surgical intervention would not be supported by guideline recommendations at this time. As such, the requested right elbow medial and lateral epicondylectomy is not medically necessary or appropriate.

Right DeQuervains release: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 271.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 44-49.

Decision rationale: The requested right De Quervain's release is not medically necessary or appropriate. The American College of Occupational and Environmental Medicine recommends surgical consultation for patients with significant activity limitations for longer than 3 months that fail to respond to conservative treatments and are supported by clear clinical and electrophysiological or imaging evidence of a lesion that would benefit from surgical repair. The clinical documentation submitted for review does provide evidence that the patient has tenderness to palpation over the lateral and medial epicondyle. However, the clinical evidence is not supported by an electrophysiological or imaging study. Therefore, surgical intervention would not be supported by guideline recommendations at this time. As such, the requested right De Quervain's release is not medically necessary or appropriate.

Post-op OT x 8 sessions: 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: The requested for Post-op OT x 8 sessions is not medically necessary or appropriate. California Medical Treatment Utilization Schedule recommends up to 12 postoperative visits after surgical intervention for epicondylitis. The initial course of treatment of half the number of visits is recommended to establish efficacy. The requested 8 visits exceed this recommendation. Additionally, the clinical documentation does not support surgical

intervention at this time. Therefore, the requested postoperative occupational therapy for 8 sessions is not medically necessary or appropriate.