MAXIMUS Federal Services

Case Number:	CM13-0026098		
Date Assigned:	01/15/2014	Date of Injury:	07/08/2003
Decision Date:	07/23/2014	UR Denial Date:	09/09/2013
Priority:	Standard	Application Received:	09/18/2013

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. The expert reviewer is Board Certified in Orthopaedic Surgery and is licensed to practice in California. 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/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:

This 52-year-old female officer manager sustained an industrial injury on 7/8/03, relative to continuous trauma. The 10/16/12 bilateral upper extremity EMG/NCV study was normal..The 1/30/13 left elbow ultrasound revealed micro-tearing and prominent inflammatory changes along the common extensor tendon origin of the left lateral elbow. There was left brachial radialis/arcade of Frolise prominent inflammatory changes with palpable compromise to the radial nerve, and left ulnar neuritis. The 8/5/13 treating physician report cited on-going left elbow pain raging from 6-10/10. Physical exam findings documented normal bilateral elbow range of motion, and severe lateral epicondyle, lateral extensor origin, and lateral collateral ligament tenderness on the right. Muscle strength and tone, and sensation/neurologic function testing were normal bilaterally. Provocative testing, including pain on resisted wrist extension and long finger extension, were positive on the right. The patient was opined an excellent candidation for left elbow open exploration and debridement with repair of extenor carpi radialis brevis and extenor carpi radialis longus of the left elbow with excision of osteophyte formation. Additional requests included pre-operative medical clearance, 12 post-operative physical therapy visits, a Surgi Stim unit for 90 days post-op use, and a Coolcare cold therapy unit. The 9/9/13 utilization review conditionally non-certified the request for left elbow surgery and associated services/items as additional information was necessary in order to render a decision. The provider was asked to provide documentation of current functional limitation pertaining to the left elbow. It was noted that all positive elbow findings documented in the submitted report were in the right elbow. The provider was asked for clarification. No response was noted in the records.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 LEFT ELBOW OPEN EXPLORATION AND DEBRIEDMENT WITH REPAIR OF EXTENOR CARPI RADIALIS BREVIS AND EXTENOR CARPI RADIALIS LONGUS OF THE LEFT ELBOW WITH EXCISION OF OSTEOPHYTE FORMATION: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 34-36.

Decision rationale: The California MTUS revised ACOEM elbow guidelines state that surgery for lateral epicondylalgia should only be a consideration for those patients who fail to improve after a minimum of 6 months of care that includes at least 3-4 different types of conservative treatment. Guidelines state that although some individuals will improve with surgery for lateral epicondylalgia, at this time there are no published randomized controlled trials that indicate that surgery improves the condition over non-surgical options. Guideline criteria have not been met. There is no detailed documentation that recent comprehensive guideline-recommended conservative treatment had been tried for 6 months and had failed. There are no objective left elbow findings documented in the most recent treating physician report; all positive findings are for the right elbow. Therefore, this request for left elbow open exploration and debridement with repair of extenor carpi radialis brevis and extenor carpi radialis longus of the left elbow with excision of osteophyte formation is not medically necessary.

1 PREOPERATIVE MEDICAL CLEARANCE: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Institute for Clinical Systems Improvement (ICSI). Preoperative evaluation.

Decision rationale: As the request for left elbow open exploration and debridement surgery is not medically necessary, the associated request for 1 preoperative medical clearance is also not medically necessary.

12 SUPERVISED POSTOPERATIVE REHABILITATIVE THERAPY SESSIONS THREE TIMES PER WEEK FOR FOUR WEEKS: 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: As the request for left elbow open exploration and debridement surgery is not medically necessary, the associated request for 12 supervised postoperative rehabilitative therapy sessions three times per week for four weeks is also not medically necessary.

1 SURGI-STIM UNIT FOR AN INITIAL 90 DAYS: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrotherapy Page(s): 114-121.

Decision rationale: As the request for left elbow open exploration and debridement surgery is not medically necessary, the associated request for one Surgi-Stim unit for an initial 90 days is also not medically necessary.

1 COOLCARE COLD THERAPY UNIT: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: As the request for left elbow open exploration and debridement surgery is not medically necessary, the associated request for one Coolcare cold therapy unit is also not medically necessary.