

Case Number:	CM13-0028699		
Date Assigned:	12/11/2013	Date of Injury:	01/29/2013
Decision Date:	01/23/2014	UR Denial Date:	08/23/2013
Priority:	Standard	Application Received:	09/25/2013

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 Occupational Medicine, 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 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 applicant is a represented [REDACTED] employee who has filed a claim for carpal tunnel syndrome and lateral epicondylitis reportedly associated with an industrial injury of January 29, 2013. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; prior carpal tunnel release surgery; prior lateral epicondylar release surgery in May 2013; unspecified amounts of physical therapy over the life the claim; and splinting. In a utilization review report of August 23, 2013, the claims administrator denied a request for lateral epicondylar surgery, citing a non-MTUS ODG Guideline. The applicant's attorney later appealed. An earlier progress note of August 6, 2013 is notable for comments that the applicant is having difficulty gripping objects. She still has persistent and significant left lateral elbow pain despite having tried a left lateral epicondylar release surgery. Pain with resisted wrist extension is appreciated about the left lateral epicondyle. A revision surgery is endorsed, along with postoperative physical therapy. The applicant is placed off of work, on total temporary disability.

IMR ISSUES, DECISIONS AND RATIONALES

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

Revision debridement of lateral epicondylitis anconeus muscle rotational flap to lateral epicondylitis, left elbow: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Duration Guidelines, Treatment in Workers Compensation, 2013 web-based edition

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

Decision rationale: As noted in the MTUS-adopted ACOEM Guidelines in chapter 12, conservative care should be maintained for a minimum of three to six months before lateral epicondylar release surgery is contemplated. Lateral epicondylar release surgery should only be a consideration for those patients who fail to improve after a minimum of six months of care that includes three to four different types of conservative treatment, ACOEM notes. In this case, it appears that the applicant has, indeed, exhausted all non-operative methods. She actually had prior surgery and failed to respond favorably to the same. She has also tried time, medications, physical therapy, etc. Therefore, the original utilization review decision is overturned. The request is certified.

Post-operative physical therapy for 12 sessions: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Duration Guidelines, Treatment in Workers Compensation, 2013 web-based edition

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Elbow Disorders.

Decision rationale: As noted in MTUS 9792.24.3, a general course of postoperative treatment for lateral epicondylitis will typically represent 12 sessions of treatment. MTUS 9792.24.3.A.2 recommends provision of half the postsurgical treatment course at the outset with further treatment beyond that contingent on functional improvement. In this case, thus, an initial course of surgery recommended by the MTUS would have been six sessions here, postoperatively. However, since the independent medical review process does not afford a reviewing physician with opportunity to issue conditional or qualified certifications, the entire request is certified as written. The entire request was submitted as one question.