

Case Number:	CM13-0041859		
Date Assigned:	12/20/2013	Date of Injury:	05/06/2011
Decision Date:	03/12/2014	UR Denial Date:	08/28/2013
Priority:	Standard	Application Received:	10/16/2013

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 has a subspecialty 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 45-year-old female who reported an injury on May 6, 2011. The mechanism of injury was not provided for review. The patient ultimately underwent surgical intervention for lateral epicondylitis. Postsurgical treatment has included physical therapy, medications, and three corticosteroid injections. The patient underwent an MRI in August 2013 that showed tendinitis of the common extensor tendon with a partial tear. The patient's most recent clinical evaluation revealed tenderness over the epicondylar area with no evidence of swelling or effusion and a negative Tinel's test over the cubital tunnel area. The patient's diagnoses included right chronic lateral epicondylitis with partial extensor tear. The patient's treatment plan included additional surgical intervention.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right Elbow Extensor Tendon Advancement and Debridement Quantity 1.00: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 240. Decision based on Non-MTUS Citation ODG elbow

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 27-28.

Decision rationale: The requested right elbow extensor tendon advancement and debridement is not medically necessary or appropriate. The clinical documentation submitted for review does provide evidence that the patient previously underwent this surgical intervention within the past year. American College of Occupational and Environmental Medicine do recommend the surgical intervention for patients which have significant clinical findings corroborated by an imaging study that have been responsive to conservative treatment. The clinical documentation submitted for review does provide evidence that the patient has had significant pain status post the previous surgical intervention that has failed to respond to postsurgical management to include physical therapy and medications. However, the efficacy of the prior surgery is not established. Therefore, an additional surgical intervention for lateral epicondylitis is not indicated. As the initial procedure would not be considered successful as the patient has had persistent and progressive pain of the right elbow, a repeat of the procedure would not be supported. As such, the requested right elbow extensor tendon advancement and debridement quantity 1.00 is not medically necessary or appropriate

Post Operative Physical Therapy Quantity 9.00: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 240. Decision based on Non-MTUS Citation ODG elbow

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 20.

Decision rationale: California Medical Treatment Utilization Schedule does recommend postoperative physical therapy for this surgical intervention. However, the requested surgery is not supported by the documentation. Therefore, postoperative care would also not be indicated. As such, the requested postoperative physical therapy quantity 9 is not medically necessary or appropriate.