MAXIMUS Federal Services

Case Number:	CM13-0042071		
Date Assigned:	12/27/2013	Date of Injury:	07/20/2012
Decision Date:	06/04/2014	UR Denial Date:	10/10/2013
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 Orthopedic Surgery, and is licensed to practice in Mississippi. 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 injured worker is a 58 year-old who was injured on July 20, 2012. The mechanism of injury is reported as repetitive wrist activity. The diagnosis is noted to be lateral epicondylitis of the right elbow. A medication summary report was completed and was negative for illicit substances. The physician progress report dated January 2013 noted the diagnosis is a cubital tunnel syndrome and a cervical strain. A return to work with restrictions was outlined. Initial conservative care included non-steroidal medications. A Qualified Medical Exam evaluation was completed, as was a trial of acupuncture. This was augmented with a course of physical therapy as well as an elbow brace. Treatment noted included an elbow brace, massage, TENS or acupuncture offered any relief.

IMR ISSUES, DECISIONS AND RATIONALES

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

Arthroscopic Extensor Tendon Debridement, Right Elbow: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM, 3RD Edition - 2010, Hand, Wrist, and Forearm Disorders, Carpal Tunnel Surgical Release; ACOEM, 3RD Edition, 2010, Elbow Disorders, Ulnar Nerve Studies; as well as ODG-TWC ODG Treatment Integrated Treatment/Disability Duration Guidelines, Carpal Tunnel Syndrome (Acute & Chronic) updated 5/7/13; ODG-TWC ODG Treatment, Integrated Treatment/Disability Duration Guidelines,

Elbow (Acute & Chronic) updated 5/7/13, Surgery for cubital tunnel cubital tunnel syndrome (ulnar nerve entrapment).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) elbow chapter, surgery for epicondylitis section (updated May 15, 2014).

Decision rationale: The standards for lateral epicondylitis surgery require there to be at least 12 months of failed conservative care, a failure of nonsteroidal medications, elbow strapping, activity modifications and physical therapy. Failure of injection therapy is also required. When considering the date of injury, the multiple interventions completed, the failure to achieve any improvement and the most recent form is noted for surgery to address epicondylitis as noted within the Official Disability Guidelines in very few cases, there is a clinical indication. Based on the data presented, the failure to improve with non-steroidal, elbow band straps, and physical therapy would warrant arthroscopic extensor tendon debridement, and thereby recommended.