

Case Number:	CM13-0064215		
Date Assigned:	01/03/2014	Date of Injury:	04/15/2011
Decision Date:	05/12/2014	UR Denial Date:	11/12/2013
Priority:	Standard	Application Received:	12/11/2013

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 Orthopedic 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:

A 54 year old claimant with industrial injury on 3/28/94 through 4/15/11 secondary to cumulative trauma. Exam note 10/30/13 demonstrates claimant with diagnosis of cervical spine discogenic neck pain with radiculopathy, right elbow lateral epicondylitis. Physical examination demonstrates over the right elbow lateral epicondyle. Report of positive Tinel's at the right wrist and positive Phalen's test. Recommendation for right elbow surgery. No documentation provided of conservative care attempted.

IMR ISSUES, DECISIONS AND RATIONALES

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

RIGHT ELBOW PARTIAL EPICONDYLECTOMY WITH EXTENSOR TENDON DEBRIDEMENT: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 34. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Elbow (Acute & Chronic) Procedure Summary.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 20-21. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

Decision rationale: CA MTUS/ACOEM is silent on the issue of surgery for lateral epicondylitis. Per the ODG criteria, 95% of patients recover with conservative treatment. ODG recommends 12 months of compliance with non-operative management. As there is insufficient evidence in the records of non-operative management, the determination is for non-certification.

COMBO CARE 4: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: As the surgical procedure is not medically necessary the determination for Combo Care 4 is non-certified.

ELECTROTHERAPY: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Interferential Current Stimulation (ICS).

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: As the surgical procedure is not medically necessary the determination for electrotherapy is non-certified.

THERMOCOOL HOT AND COLD CONTRAST THERAPY WITH COMPRESSION:
Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation The Official Disability Guidelines (ODG) Forearm, Wrist, and Hand (Acute & Chronic) Procedure Summary.

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: As the surgical procedure is not medically necessary the determination for Thermocool hot and cold contrast therapy with compression is non-certified.

DEEP VEIN THROMBOSIS PROPHYLAXIS: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation The Official Disability Guidelines (ODG) shoulder (Acute & Chronic) Procedure Summary.

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: As the surgical procedure is not medically necessary the determination for DVT prophylaxis is non-certified.

TWELVE (12) POST-OPERATIVE PHYSICAL THERAPY SESSIONS: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: As the surgical procedure is not medically necessary the determination for 12 postoperative physical therapy is non-certified.

PHYSICAL THERAPY TWO (2) TIMES A WEEK FOR FOUR (4) WEEKS: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: As the surgical procedure is not medically necessary the determination for 8 visits of physical therapy is non-certified.