

Case Number:	CM14-0017898		
Date Assigned:	06/11/2014	Date of Injury:	04/24/2013
Decision Date:	07/25/2014	UR Denial Date:	02/05/2014
Priority:	Standard	Application Received:	02/12/2014

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 eligibility worker sustained an industrial injury 4/24/13. The mechanism of injury is not documented. The 5/21/13 right forearm MRI impression documented mild edema in the pronator teres muscle at the level of the proximal half of the right forearm, which may represent a mild muscle strain or denervation edema secondary to compression of the medial nerve between the superficial and deep heads of the pronator teres muscle (pronator teres syndrome). The patient was unable to take non-steroidal anti-inflammatory drugs (NSAIDs) due to a gastric bypass. The 12/2/13 initial consultation report cited worsening right lateral/dorsal elbow and forearm pain over the past several months. A similar type of pain was reported 18 months prior which was tolerable and responded to activity modifications. The current episode did not resolve with activity modification, counterforce band, Ben Gay, and ACE wrap compression. Pain was present with activities that required wrist extension, gripping, driving, and typing. She continued at regular duty work despite pain. Right upper extremity exam documented tenderness to light palpation over the mobile wad extending into the surface of the extensor carpi radialis brevis with minimal discomfort over the lateral epicondyle. There was pain with resisted wrist extension. Grip and pinch strength were decreased on the right. The diagnosis was right lateral epicondylitis. A corticosteroid injection was provided. The 1/14/14 hand surgeon report cited continued right elbow and forearm pain. The patient had no relief of pain with the steroid injection. She continued using the counterforce band and restrictive duties. The upper extremity exam documented no lateral epicondyle tenderness, but tenderness over the surface of the mobile wad, especially over the extensor carpi radialis brevis. There was minimal discomfort with resisted wrist extension or resisted supination. The patient underwent a diagnostic block to the right posterior cutaneous nerve 4 cm above the lateral epicondyle. The patient experienced some relief within 5 minutes. There was no tenderness over the lateral

epicondyle or mobile wad. There was no pain with resisted extension or supination. Grip strength normalized in extension and flexion. The diagnosis was right lateral epicondylitis consistent with history, exam and response to diagnostic block, and not responding to conservative treatment. Surgical intervention was recommended. The 2/5/14 utilization review denied the request for right elbow surgery and associated requests based on an absence of comprehensive guideline-recommended conservative treatment. The 3/26/14 treating physician chart note indicated that the patient had symptoms for over a year, had cortisone injections, conservative treatment, tennis elbow braces, and anti-inflammatory medications, all without any resolution of her symptoms. The patient received a cortisone injection on her last visit and did fairly well for about a week, then her symptoms returned. She is not a candidate for more corticosteroid injections. Physical therapy was not helpful. The treating physician recommended reconsideration of the surgery. She continued at regular work.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right lateral epicondyle denervative: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 35.

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

Decision rationale: The California MTUS updated 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. The Official Disability Guidelines recommend lateral epicondylar surgery limited to severe entrapment neuropathies. Criteria require 12 months of compliance with non-operative management, including physical therapy exercise programs to increase range of motion and strength of the musculature around the elbow. Criteria also include long term failure of at least one type of injection, ideally with documented short-term relief from injection. Guideline criteria have not been met. There is no detailed documentation that recent comprehensive pharmacologic and non-pharmacologic conservative treatment had been tried for at least 6 months and failed. There is no evidence that physical therapy exercise or modalities had been attempted since the most recent flare-up and failed. There is no evidence of prescription strength anti-inflammatory topical medications, given the patient's inability to take oral anti-inflammatories. Therefore, this request for right lateral epicondyle denervative is not medically necessary.

Implantation posterior branches of posterior cutaneous nerve into right brachioradialis of lateral head of right triceps muscle: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

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

Decision rationale: The California MTUS updated 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. The Official Disability Guidelines recommend lateral epicondylar surgery limited to severe entrapment neuropathies. Criteria require 12 months of compliance with non-operative management, including physical therapy exercise programs to increase range of motion and strength of the musculature around the elbow. Criteria also include long term failure of at least one type of injection, ideally with documented short-term relief from injection. Guideline criteria have not been met. There is no detailed documentation that recent comprehensive pharmacologic and non-pharmacologic conservative treatment had been tried for at least 6 months and failed. There is no evidence that physical therapy exercise or modalities had been attempted since the most recent flare-up and failed. There is no evidence of prescription strength anti-inflammatory topical medications, given the patient's inability to take oral anti-inflammatories. Therefore, this request for implantation posterior branches of posterior cutaneous nerve into right brachioradialis of lateral head of right triceps muscle is not medically necessary.

Detachment of extensor carpiradialis muscle from insertion site at lateral epicondyle:
Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 34-35.

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

Decision rationale: The California MTUS updated 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. The Official Disability Guidelines recommend lateral epicondylar surgery limited to severe entrapment neuropathies. Criteria require 12 months of compliance with non-operative management, including physical therapy exercise programs to increase range of motion and strength of the musculature around the elbow. Criteria also include long term failure of at least one type of injection, ideally with documented short-term relief from injection. Guideline criteria have not been met. There is no detailed documentation that recent comprehensive pharmacologic and non-pharmacologic conservative treatment had been tried for at least 6 months and failed. There is no evidence that physical therapy exercise or modalities had been attempted since the most recent flare-up and failed. There is no evidence of prescription strength anti-inflammatory topical medications, given the patient's inability to take oral anti-inflammatories. Therefore, this request for detachment of extensor carpiradialis muscle from insertion site at lateral epicondyle is not medically necessary.

Post-OP long arm splint: 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: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

Post-OP PT 2X4: 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: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

DVT compression sleeves QTY: 2.00: 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: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

Peri-Colace 8.6mg - 50mg #40: 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: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

Norco 10/325 mg #40: 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: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

Keflex 500mg #20: 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: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

PA Assistant: 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: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.