

Case Number:	CM14-0132398		
Date Assigned:	08/27/2014	Date of Injury:	10/25/2013
Decision Date:	10/09/2014	UR Denial Date:	07/22/2014
Priority:	Standard	Application Received:	08/19/2014

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 Internal 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 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:

The injured worker is a 47 year old male who sustained an injury on 10/25/13 due to repetitive activity. The injured worker had been followed for complaints of right elbow pain laterally as well as medially. Treatment to date has included the use of anti-inflammatories and analgesics. The injured worker was provided a right elbow brace. The injured worker also received cortisone injections which provided transient relief. Radiographs of the right elbow from 04/16/14 were negative for any specific findings. The evaluation on 04/17/14 noted good range of motion in the right elbow. The injured worker was assessed with medial and lateral epicondylitis in the right elbow and was recommended for additional injections which were performed at this visit. The injured worker did continue with physical therapy in April of 2014. Follow up on 05/14/14 noted the injured worker did have some benefit in regards to right elbow symptoms with the last injections. The injured worker continued to utilize anti-inflammatories. On physical examination there was continued severe tenderness to palpation to the lateral epicondyle. Recommendations were for a platelet rich plasma injection at the right lateral and medial epicondyles at this visit. The injured worker continued with physical therapy in May of 2014. As of 07/11/14, the injured worker was unable to obtain approval for PRP injections. Therefore, the recommendation was for surgical intervention to address both the medial and lateral epicondylar areas. The injured worker was also recommended for postoperative anti-inflammatories, narcotics, antibiotic medications. The injured worker was recommended for vitamin c postoperatively for healing and a stool softener to reduce the incidence of constipation. The injured worker was also recommended to have a surgical assistant and a postoperative program of physical therapy for 12 sessions. These requested services were denied by utilization review on 07/22/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 right elbow medial and lateral epicondylitis release and drilling: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): pages 2, 15, page 34 - 5. Decision based on Non-MTUS Citation Official Disability Guidelines, Elbow (Acute & Chronic)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 240-241.

Decision rationale: In regards to the request for right elbow medial and lateral epicondylar release with drilling, this reviewer would have recommended this request as medically necessary based on review of the clinical documentation submitted as well as current evidence based guidelines. The injured worker has been followed for chronic complaints of both medial and lateral epicondylitis that has failed conservative treatment to include bracing and splinting, use of anti-inflammatories and multiple injections. Further injection therapy was noted to be denied by utilization review. Given the failure of conservative treatment and the injured worker's objective findings consistent with ongoing medial and lateral epicondylitis of the right elbow, the request would meet guideline recommendations regarding surgical intervention. Therefore, this reviewer would have recommended this request as medically necessary.

1 surgical assistant: Overturned

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: American Association of Orthopaedics Surgeons Position Statement Reimbursement of the First Assistant at Surgery in Orthopaedics

Decision rationale: In regards to the request for a surgical assistant, given the extensive procedures recommended for this injured worker, there would be a requirement for an assistant surgeon in order for the primary surgeon to complete the procedures to standard of care. As such, this reviewer would have recommended this request as medically necessary.

12 post-op physical therapy sessions: Overturned

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 17.

Decision rationale: In regards to the request for 12 postoperative physical therapy sessions, the injured worker would reasonably require postoperative physical therapy following the surgical procedures. Per guidelines, 12 postoperative physical therapy sessions are considered appropriate for this procedure. Therefore, this reviewer would have recommended this request as medically necessary.

1 prescription of Keflex 500mg #12: Overturned

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Infectious Disease Chapter, Antibiotics.

Decision rationale: In regards to the request for Keflex 500 mg #12, this reviewer would have recommended this medication as medically necessary for postoperative use to prevent infection following surgical intervention. As such, the request is medically necessary.

1 prescription of Zofran 4mg: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Anti-emetics

Decision rationale: In regards to the request for postoperative Zofran 4 mg, this reviewer would not have recommended this medication as medically necessary. Zofran can be utilized to address nausea and vomiting following surgical intervention due to anesthesia; however, the clinical documentation has not established surgery was completed or that the injured worker had any postoperative nausea or vomiting. This medication would only be required as needed following surgery. Therefore, this request was not medically necessary.

1 prescription of Colace 100mg #10: Overturned

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Colace. (2013). In Physicians' desk reference 67th ed.

Decision rationale: In regards to the request for Colace 100 mg #10, this reviewer would have recommended this medication as medically necessary. The injured worker did reasonably

require postoperative analgesics for pain control such as Norco. There is a known risk for developing opioid induced constipation with the use of narcotic analgesics to include Norco. Therefore, this reviewer would have recommended this request as medically necessary.

1 prescription of Norco 7.5/325mg #50: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criterial for Use Page(s): 88-89.

Decision rationale: In regards to the request for Norco 7.5/325 mg #50, this reviewer would have recommended this request as medically necessary. The surgical request for this injured worker was felt to be medically appropriate. The injured worker would reasonably require postoperative medications for pain control such as Norco. The prescription is limited with no refills which would be appropriate for the procedures recommended for the injured worker. Therefore, this medication was medically appropriate.

1 prescription of Vitamin C 500mg #60: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Medical Foods.

Decision rationale: In regards to the request for Vitamin C 500 mg #60, this reviewer would not have recommended this medication as medically necessary. Vitamin C is available commercially over the counter and there is insufficient evidence from the clinical literature establishing that Vitamin C results in any improved postoperative outcomes as compared to standard medications following surgery. Given that the injured worker can reasonably obtain this vitamin supplement over the counter, this reviewer would not have recommended this request as medically necessary.