MAXIMUS Federal Services

Case Number:	CM14-0134660		
Date Assigned:	08/27/2014	Date of Injury:	02/25/2014
Decision Date:	10/02/2014	UR Denial Date:	08/08/2014
Priority:	Standard	Application Received:	08/21/2014

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 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 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 51-year-old male who reported an injury on 02/25/2014. He was reportedly closing a delivery truck lift gate when he lost control of it and the lift gate pulled his arm down. On 08/18/2014, the injured worker presented with complaints of right upper extremity pain. Upon examination there was tenderness to palpation of the ECRB insertion at the lateral epicondyle of the right elbow. There was increased pain with resistance against extension of the wrist and middle finger and tenderness to palpation over the forearm muscles. An MRI of the right elbow dated 07/24/2014, revealed moderate proximal common extensor tendinopathy with lateral epicondylitis. There was no tear identified. There was also a small joint effusion. Prior therapy included home exercise, corticosteroid injections and physical therapy. The provider recommended a percutaneous ultrasound guided tenotomy of the right elbow and postsurgical physical therapy sessions. The provider's rationale was not provided. The Request for Authorization form was not included in the medical documents for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Percutaneous ultrasound guided tenotomy of the right elbow, QTY: 1: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 35-36,Postsurgical Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Elbow (Acute & Chronic)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 45-48.

Decision rationale: The request for a percutaneous ultrasound guided tenotomy of the right elbow with a quantity of 1 is not medically necessary. The California MTUS/ACOEM Guidelines state that is currently a debate regarding whether a lateral epicondylitis is an inflammation condition or enthesopathy and what treatments are most appropriate. Conservative care should be maintained for a minimum of 3 to 6 months. Although, some individuals will improve with surgery for lateral epicondylitis, at this time there are no published RCTs that indicate the surgery improves the condition over nonsurgical options. There must be significant limitations of activity for more than 3 months, a failure to improve with exercise programs to increase range of motion and strength and the musculature around the elbow and clear clinical and electrophysiologic or imaging evidence of a lesion that has been shown to benefit in both the short and long term from surgical repair. Upon examination there was tenderness to palpation of the ECRB insertion of the lateral epicondyle of the right elbow. There was evidence of the injured worker's failure to respond to conservative treatment. However, there was lack of diagnostic studies included in the medical documentation of a lesion that has been shown to benefit both in the short and long term from surgical repair. As such, medical necessity has not been established. Therefore the request is not medically necessary.

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