

Case Number:	CM14-0154660		
Date Assigned:	09/24/2014	Date of Injury:	12/12/2011
Decision Date:	11/20/2014	UR Denial Date:	08/19/2014
Priority:	Standard	Application Received:	09/22/2014

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 case involves a 49-year-old male who sustained an industrial injury on 12/12/11. The mechanism of injury was not documented. The patient underwent right lateral epicondylitis surgery on 4/16/13. He attended 19 post-op physical therapy sessions. Records indicated that the patient initially did well following surgery, but pain progressively worsened. Conservative treatment since March 2014 had included ice, anti-inflammatory medication, acupuncture, and platelet-rich plasma injections without improvement. The 7/30/14 treating physician report cited significant constant right elbow pain. Right elbow exam documented a well-healed incision over the lateral aspect of the right elbow with full range of motion. There was significant tenderness over the lateral epicondyle. There was pain with resisted extension of the right wrist referred to the lateral aspect of the elbow. The diagnosis was right elbow failed lateral epicondylitis surgery. The treatment plan recommended revision right elbow arthroscopy with surgery including debridement of the lateral epicondyle and possible epicondylectomy. The patient was off work. The 8/19/14 utilization review denied the right elbow revision lateral epicondylitis surgery and associated requests as there were minimal deficits on exam, no signs of intra-articular pathology on imaging or exam, and there was a high risk for continued pain or other post-op complications with revision surgery.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right elbow arthroscopy with revision debridement of lateral epicondyle: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 35-36.

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. Guidelines state that there are no published randomized controlled trials that indicate that surgery improves the condition over non-surgical options. The Official Disability Guidelines provide specific criteria for surgical for lateral epicondylar release that are limited to severe entrapment neuropathies and include 12 months of compliance with non-operative treatment, and long-term failure with at least one type of injection, ideally with documented short term relief from the injection. Guideline criteria have not been met. There is no clinical exam evidence that the patient has severe entrapment neuropathies. There are no signs of intra-articular pathology on imaging. Evidence of up to a year of detailed comprehensive guideline recommended non-operative treatment protocol trial and failure has not been submitted. Therefore, this request is not medically necessary.

Post-Op physical therapy 2 x 6: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Postoperative Physical Medicine, Postsurgical Treatment Guidelines.

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

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

Assistant surgeon: 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 Centers for Medicare and Medicaid Services, Physician Fee Schedule.

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

Cold therapy unit: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 27.

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