

<b>Case Number:</b>	CM14-0154808		
<b>Date Assigned:</b>	09/24/2014	<b>Date of Injury:</b>	07/24/2013
<b>Decision Date:</b>	10/27/2014	<b>UR Denial Date:</b>	09/10/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	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 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:

This 54-year-old male receiving clerk sustained an industrial injury on 7/24/13. Injury occurred when he slipped on a piece of ice and lost his balance. He tried to hold on with his left hand, but fell to the ground. Injuries were reported to the left shoulder and elbow. Past medical history was positive for diabetes. Past surgical history was positive for right knee and right elbow surgery. Records indicated that the patient had a corticosteroid injections to the left shoulder and elbow on 10/17/13 that negatively affected his diabetes. The patient underwent left shoulder arthroscopy with subacromioplasty, bursectomy, partial synovectomy, rotator cuff repair, and SLAP tear debridement on 4/5/14 and attended post-operative therapy. The 8/29/14 treating physician report cited grade 5-8/10 cervical pain and popping and clicking with rotation, grade 8/10 left shoulder pain with popping and clicking, and left upper extremity numbness and tingling. There was grade 8/10 radiating pain in the left elbow from the left arm. He reported left upper extremity discomfort with overextension of the arm, reaching, pulling, pushing, lifting and carrying. There was grade 6/10 left hand pain with weakness, numbness and tingling. He could not perform a tight grip or grasp and admitted to dropping items from his hand. Cervical exam documented tenderness to palpation with muscle spasms and loss of range of motion. Upper extremity motor strength was 4/5 on the left C4/5, C7//T1, and T1/2 myotomes. There was hypoesthesia on the left over the C7 and C8 dermatomes. Deep tendon reflexes were intact. Left shoulder exam documented global tenderness, 4/5 global shoulder weakness, positive Neer's and anterior apprehension test, and markedly reduced and painful range of motion. Left elbow exam documented positive medial and lateral epicondyle, and radial head tenderness. Biceps circumference was 10.5 inches right, 10 inches left. Grip strength was 40/40/35 pounds right dominant, and 10/15/14 left. Range of motion was full with pain in extension. Tinel's at the cubital tunnel and compression sign were positive. The patient was diagnosed with lateral

epicondylitis. The treatment plan recommended left lateral retinacular epicondylar release as the patient had physical therapy and a corticosteroid injection that sent him to the hospital. The 9/26/14 left elbow MRI impression documented lateral epicondylitis. The 9/10/14 utilization review denied the surgical and associated requests as there was inconsistent localization for lateral disease. Additional information was not gleaned from a peer-to-peer discussion.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Shoulder Sling: 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)

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 205 213.

**Decision rationale:** As the surgical request is not supported, this request is not medically necessary.

**W-Tech continuous cold therapy, 15 days: 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)

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

**Decision rationale:** As the surgical request is not supported, this request is not medically necessary.

**Continuous passive motion unit postoperative, 14 days: 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)

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Shoulder, Continuous passive motion (CPM)

**Decision rationale:** As the surgical request is not supported, this request is not medically necessary.

**X-4 stimulator, 14 days: 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)

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines TENS, post-operative pain (transcutaneous electrical nerve stimulation), Page(s): 116-117.

**Decision rationale:** As the surgical request is not supported, this request is not medically necessary.

**Left lateral retinacular epicondylar release:** 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)

**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. However, there are unusual circumstances in which, after 3 months of failed conservative treatment, surgery may be considered. Although some individuals will improve with surgery for lateral epicondylalgia, at this time there are no published RCTs that indicate that surgery improves the condition over non-surgical options. Guideline criteria have not been met. Evidence of 6-months of a recent, reasonable and/or comprehensive non-operative treatment protocol trial, directed specifically to the elbow, and failure has not been submitted. There is no evidence of conservative treatment beyond corticosteroid injection to the elbow. Physical therapy was noted for post-op rehabilitation of the left shoulder. There is no evidence of other guideline-recommended treatment. Therefore, this request is not medically necessary.

**Postoperative physical therapy times eight:** 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)

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

**Decision rationale:** As the surgical request is not supported, this request is not medically necessary.