

Case Number:	CM14-0154863		
Date Assigned:	09/25/2014	Date of Injury:	12/10/2013
Decision Date:	10/27/2014	UR Denial Date:	09/11/2014
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 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 61-year-old female registered nurse sustained an industrial injury on 12/10/13. Injury occurred when she slipped on a wet floor and fell onto her right side and arm. Initial treatment included anti-inflammatory medication, wrist brace, elbow strap, stretching exercise, 6 visits of physical therapy, 6 visits of acupuncture, and activity modification. The 5/13/14 right elbow MRI impression documented lateral epicondylitis with low to mid-grade partial thickness tearing along the undersurface of the common extensor origin. The 5/13/14 right wrist MRI impression documented severe 1st carpometacarpal joint osteoarthritis, mild scaphotrapezotrapezoidal (STT) joint arthrosis, and mild deQuervain's tenosynovitis. A corticosteroid injection was performed to the 1st dorsal compartment on 5/27/14 with reported worsening of pain at the deQuervain's radial border of the wrist. Platelet-rich plasma injections were requested for the right elbow but denied. The 7/22/14 treating physician report cited persistent right elbow pain, continued at the radial border of the thumb from the deQuervain's and from the arthritis. Physical exam documented full range of motion of the right elbow with tenderness to palpation at the lateral epicondyle. The elbow joint is stable to stress and there was no joint effusion. Tenderness was reported over the 1st dorsal extensor compartment with no synovitis and a positive Finkelstein test. She was tender at the thumb CMC joint with a positive grind test. She had no adduction contracture of the thumb metacarpal or hyperextension deformity of the thumb metocarpophalangeal joint. She had pain with resisted finger extension, wrist extension, and forearm rotation. The treatment plan indicated that platelet-rich plasma injections for the right elbow had been denied twice and the only recourse was surgery, including open debridement of the lateral epicondyle common flexor tendon with reattachment to the bone and suture anchors. She needs to undergo release of the 1st dorsal compartment. Her thumb CMC joint continues to be symptomatic and she needs to undergo a resection arthroplasty and mini TightRope

suspension plasty. Post-operative splinting and therapy were also requested. The 8/25/14 treating physician report cited persistent elbow, radial wrist, and thumb pain with work activities with no significant relief with elbow strap or anti-inflammatories. Physical exam findings were unchanged. The treatment plan indicated that the patient had been treated with rest, anti-inflammatory, physical therapy, acupuncture, and bracing prior to initial orthopedic exam 3/18/14. She underwent corticosteroid injection without relief of symptoms. She had an adequate course of conservative treatment and surgery was again requested. The 9/11/14 utilization review denied the request for right elbow surgery for lateral epicondylitis, right wrist deQuervain's release, and right thumb carpometacarpal resection with tightrope was denied as there was no detailed documentation of conservative treatment. The associated surgical request was also not medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right elbow open debridement with reattach tendon to bone: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007). Decision based on Non-MTUS Citation Official Disability Guidelines (OCG) - Elbow Chapter

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 randomized controlled trials that indicate that surgery improves the condition over non-surgical options. Guideline criteria have not been met. Evidence of 3 to 6 months of a recent, reasonable and/or comprehensive non-operative treatment protocol trial and failure has not been submitted. There is no evidence that conservative treatment has been exhausted. There is no evidence of significant clinical findings or functional impairment to support the medical necessity of surgical intervention at this time. Therefore, this request is not medically necessary.

Right thumb CMC resec with tightrope: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 270. Decision based on Non-MTUS Citation Official Disability Guidelines (OCG)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 270. Decision based on Non-MTUS Citation Forearm, Wrist & Hand, Arthroplasty

Decision rationale: The California Medical Treatment Utilization Schedule guidelines do not provide recommendations for thumb arthroplasty. In general, surgery may be indicated for patients who fail to respond to conservative management, including workplace modifications. The Official Disability Guidelines state that total joint arthroplasty of the thumb CMC joint has proven to be efficacious for the treatment of stage III and early stage IV osteoarthritis of the CMC joint in older patients with low activity demands. Guideline criteria have not been fully met. There is evidence of severe CMC osteoarthritis. This patient is continuing to work as a surgical nurse (not necessarily consistent with low activity demands.) Evidence of a recent, reasonable and/or comprehensive non-operative treatment protocol trial, including intra-articular injection, and failure has not been submitted. Therefore, this request is not medically necessary.

right hand therapy 2 X 4: Upheld

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

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 17, 19, 21.

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

Custom thumb Spica splint: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 264 272. Decision based on Non-MTUS Citation Forearm, Wrist & Hand, Splints

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