

Case Number:	CM14-0157741		
Date Assigned:	10/01/2014	Date of Injury:	12/06/2001
Decision Date:	10/30/2014	UR Denial Date:	09/17/2014
Priority:	Standard	Application Received:	09/29/2014

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 is a 53-year-old female who injured her left upper extremity in a work-related accident on 12/06/01. The progress report dated 07/30/14, documented a diagnosis of right elbow symptomatic medial epicondylitis that failed conservative care. The previous office visit documented that the injured worker had undergone a left elbow injection but did not identify any treatment for the right elbow. Physical examination of the right elbow revealed tenderness over the lateral epicondyle and common extensor mass, significant pain with resisted middle finger extension. Range of motion was noted to be full and unrestricted, and there was no tenderness over the medial epicondyle. The report documented that conservative care for the right elbow had included bracing and therapy; there was no documentation of a prior injection. The recommendation was made for right elbow extensor debridement surgery.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right elbow extensor carpi radius brevis debridement: Upheld

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

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

Decision rationale: Based on the California ACOEM Updated Elbow Guidelines, the request for right elbow extensor carpi radius brevis debridement is not recommended as medically necessary. The ACOEM Guidelines recommend that prior to undergoing surgery for extensor release there should be six months of conservative care including 3-4 different types of treatment modalities and typically injection therapy. The medical records provided for review do not document that the injured worker has had six recent months of conservative measures, including injection therapy to support the role of the proposed surgery. Therefore, the request for the surgery cannot be supported based on the ACOEM Guidelines. As such, this request is not medically necessary.

Pre-op medical clearance: Upheld

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

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

Decision rationale: The request for right elbow extensor carpi radius brevis debridement is not recommended as medically necessary. Therefore, the request for preoperative medical clearance is also not medically necessary.

Arm sling: Upheld

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

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

Decision rationale: The request for right elbow extensor carpi radius brevis debridement is not recommended as medically necessary. Therefore, the request for an arm sling is also not medically necessary.

Post-op physical therapy x 12: Upheld

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

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

Decision rationale: The request for right elbow extensor carpi radius brevis debridement is not recommended as medically necessary. Therefore, the request for postoperative physical therapy is also not medically necessary.

Percocet 5/325mg #40: Upheld

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

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

Decision rationale: The request for right elbow extensor carpi radius brevis debridement is not recommended as medically necessary. Therefore, the request for postoperative use of Percocet is also medically necessary.