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| Case Number: | CM14-0163071 | | |
| Date Assigned: | 10/08/2014 | Date of Injury: | 03/20/2007 |
| Decision Date: | 11/21/2014 | UR Denial Date: | 09/08/2014 |
| Priority: | Standard | Application Received: | 10/03/2014 |

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 Minnesota. 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 30 year old female with chronic right elbow pain and failed conservative treatment for epicondylalgia. The records indicate a history of bilateral carpal tunnel syndrome, bilateral cubital tunnel syndrome, and recurrent triggering of left third finger. She underwent bilateral carpal tunnel releases with subsequent revision of the surgical scar on the right, left hand flexion contracture release, bilateral ulnar nerve transpositions and release of left third trigger finger x 2. She complains of bilateral upper extremity pain and numbness in bilateral ulnar nerve distribution. She is on chronic opiate therapy for pain control. She is also taking gabapentin. The disputed issues pertain to her approved right elbow extensor origin surgery. The issues include pre-operative clearance, post-operative cryotherapy, post-operative physical therapy, post-operative arm sling and Bledsoe elbow brace.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pre-operative clearance: Overturned

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 Official Disability Guidelines (ODG) Section: Pain (Chronic); Topic: Office visits.

Decision rationale: California MTUS does not address this issue. ODG recommends outpatient visits to the offices of medical doctors as they play a critical role in evaluation and management. The need is individualized based upon a review of the patient's concerns, signs and symptoms, clinical stability, and reasonable physician judgment. The worker is taking opiates per medical records. Close monitoring of the opiates and other analgesics is therefore warranted. A pre-operative medical consultation is therefore medically appropriate and necessary

Post-operative physical therapy 3 x 8: Upheld

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

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 10, 11,16,17.

Decision rationale: Post-surgical guidelines recommend an initial course of therapy which is one half of the number of visits specified in the general course of therapy for the specific surgery in the post-surgical physical medicine treatment recommendations. With documentation of functional improvement a subsequent course of therapy shall be prescribed within the parameters of the general course of therapy. The requested extensor tendon surgery is not specified. For ECRB, ECRL debridement or tenotomy the general course of therapy is 10 visits over 4 months. One half of that are 5 visits. The requested physical therapy is 3x8 or 24 visits which exceeds the guidelines. The post-operative physical medicine period is 6 months. For lateral epicondylitis/ tennis elbow the post-surgical treatment is 12 visits over 12 weeks and one half of that are 6 visits which again is less than the requested 24 visits. Therefore the medical necessity of the requested post-operative Physical Therapy is not established.

Post-operative bledsoe elbow brace: 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 Official Disability Guidelines (ODG) Section: Elbow. Topic: Bracing

Decision rationale: California MTUS does not address this issue. ODG guidelines do not discuss post-operative bracing. However for epicondylitis the guidelines indicate that no definite conclusions can be drawn concerning the effectiveness of standard braces or splints for lateral epicondylitis. Some positive results have been seen with the development of a new dynamic extensor brace but more trials need to be conducted. The request as stated does not specify the type of Bledsoe elbow brace. Based upon guidelines the request for the Bledsoe elbow brace is not medically necessary.

Post-operative game ready cryo unit, 14 day rental: 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): 27. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Section: Shoulder, Topic: Cold compression therapy. Shoulder: Continuous flow cryotherapy

Decision rationale: California MTUS guidelines do not address post-operative cryotherapy after lateral epicondylitis surgery. Cold packs were used for epicondylalgia in a study of 40 patients. The study provided evidence that the application of ice following exercise does not improve pain relief over exercise alone. ODG recommends post-operative continuous flow cryotherapy for shoulder and knee but does not recommend it for the elbow. Cold compression therapy is not recommended for the shoulder. Cryotherapy is recommended for 7 days for the shoulder and knee. The game ready unit uses cold compression therapy technique. Medical necessity of this device for 14 days is not medically necessary.