

Case Number:	CM14-0168752		
Date Assigned:	10/16/2014	Date of Injury:	01/15/2013
Decision Date:	11/21/2014	UR Denial Date:	09/17/2014
Priority:	Standard	Application Received:	10/13/2014

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 Texas. 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 53 year old female with a date of injury on 1/15/2013. The mechanism of injury was not documented. She underwent right lateral epicondylectomy on 5/6/14. Records indicated that the worker had 12 authorized post-operative occupational therapy visits. The 8/12/14 treating physician report cited grade 3/5 right elbow pain, dull with use. Physical exam noted the incision was well-healed with no swelling or tenderness. There was medial epicondyle tenderness, good finger and elbow motion, slight biceps pain in full extension, and normal motor sensory exam. The treatment plan included continued occupational therapy 2 times per week progressing to stretching, strengthening and a home exercise program. The 8/27/14 physical therapy report cited moderate right elbow pain and tingling in the 4th and 5th digits. Right grip strength was 5 pounds with shaking. The worker was making very little progress with pain symptoms. Continued treatment was reported two times per week. The 9/9/14 treating physician report cited grade 3/5 right elbow pain with use and occasional numbness and tingling in the ring and little fingers. Physical exam noted medial epicondyle tenderness, slight biceps and forearm pain with full extension, and normal motor sensory exam. Tinel's sign was positive over the cubital tunnel with a positive elbow flexion test. There was no subluxation of the ulnar nerve or evidence of elbow instability, intrinsic weakness or atrophy. The diagnosis was status post right lateral epicondylectomy, right medial epicondylitis, and right cubital tunnel syndrome. A corticosteroid injection was performed to the right medial epicondyle. The injured worker was to continue her home exercise program. The 9/17/14 utilization review modified the request for 2 additional occupational therapy visits to one visit to allow completion of the stabilizing/strengthening program and instruction in a home exercise program.

IMR ISSUES, DECISIONS AND RATIONALES

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

Associated surgical service: occupational therapy two times a week for one week, right elbow: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lateral epicondylitis Page(s): 17.

Decision rationale: The California Post-Surgical Treatment Guidelines for lateral epicondylectomy suggest a general course of 12 post-operative physical medicine visits over 12 weeks. The post-surgical treatment period was defined as 6 months. If it is determined that additional functional improvement can be accomplished after completion of the general course of therapy, physical medicine treatment may be continued up to the end of the postsurgical period. Guideline criteria have not been met. The injured worker completed the recommended general course of post-operative therapy. Full range of motion was documented. There was a residual grip strength deficit. The 9/17/14 utilization review modified the request for 2 additional occupational therapy visits to one visit to allow for full maturation of an independent home exercise program. There is no compelling reason to support the medical necessity of additional supervised therapy over an independent home exercise program to achieve further rehabilitation goals. Therefore, this request is not medically necessary.