

Case Number:	CM14-0173203		
Date Assigned:	10/24/2014	Date of Injury:	04/03/2012
Decision Date:	12/03/2014	UR Denial Date:	10/02/2014
Priority:	Standard	Application Received:	10/20/2014

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 Surgeon and Pediatric Orthopedics, and is licensed to practice in Texas & Colorado. 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 49-year-old female who reported an injury on 04/03/2012 due to cumulative trauma. Her diagnosis was left elbow lateral epicondylitis recalcitrant to conservative treatment. The physical examination dated 08/18/2014 revealed that the injured worker was to be seen for her left elbow. The injured worker had been treated with 2 steroid injections to the left elbow, physical therapy, and a home based exercise program for 6 weeks. The injured worker complained of persistent pain to her lateral elbow. It was painful with any repetitive use. The injured worker felt that the pain was worsening. An MRI dated 05/22/2014 revealed a tiny partial tear of the otherwise intact humeral insertion of the common extensor tendon of the left elbow; small nonspecific elbow effusion with no loose osteochondral body. The examination of the left elbow revealed tenderness over the lateral epicondyle, painful with extension and supination. Range of motion was full. The neurovascular examination was intact. The elbow showed no instability. Medications were Advil. The treatment plan was to move forward with surgery. The rationale and Request for Authorization were not submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Unspecified elbow surgery: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Treatment in Workers Compensation, 2014 we-based edition

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 27-28.

Decision rationale: The California ACOEM state the elbow disorder lateral epicondylalgia causes soreness or pain on the outside (lateral) side of the upper arm near the elbow. There may be a partial tear of the tendon fibers, which connect muscle to bone, at or near their point of origin on the outside of the elbow. Initial care is comfort. In employment settings, where milder cases are more frequently seen, nonprescription analgesics may provide sufficient pain relief for most patients with acute and subacute elbow symptoms. Patients in clinical settings may be more severe and may require prescription analgesics as first line treatments. If the treatment response is inadequate, such that symptoms and activity limitations continue, prescribe pharmaceuticals, orthotics, or physical methods can be added. Comorbid conditions, side effects, cost, and provider and patient preferences should guide the health care professional's choice of recommendations. Conservative care often consists of activity modification using epicondylalgia supports (tennis elbow bands) and NSAIDs with standard precautions on potential side effects. Methods of symptom control for lateral epicondylalgia are acetaminophen, aspirin, or ibuprofen. Prescription medications are oral NSAIDs, topical NSAIDs, local cortico (ACOEM states corticosteroid) injection, or 4 weeks of conservative treatment (ACOEM states corticosteroid injection after 3 to 4 weeks of conservative treatment). Physical rehabilitation interventions are adjustment or modification of work station, job tasks, job rotation, breaks, or work hours and methods if needed; Specific elbow exercises for range of motion and, if needed, strengthening; there should be At-home local applications of cold packs during first few days of acute symptoms, and thereafter application of heat packs, or cold packs as the patient prefers; aerobic exercise should be initiated to maintain general conditioning; and initial and followup visits for education, counseling, and evaluation of home exercise. Physical modalities would then be tennis elbow band, ultrasound treatment, iontophoresis, and acupuncture. Conservative care for the injured worker consisted of a tennis elbow strap, 2 steroid injections to the elbow, physical therapy, a home based exercise program for 6 weeks, and Advil. The medical guidelines state that conservative interventions of heat/cold packs, manipulation, massage, friction massage, transcutaneous electrical nerve stimulation, and acupuncture are a variety of physical methods which may be appropriate for the treatment of lateral epicondylalgia. It was not reported that the injured worker had any of these treatments. Conservative care has not been met. Furthermore, the request does not indicate what type of surgery the injured worker was to have. The clinical information submitted for review does not provide evidence to justify a decision for associated surgical service for an unspecified elbow surgery. Therefore, this request is not medically necessary.

Associated Surgical Services: Pre-operative Labs including EKG: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Treatment in Workers Compensation, 2014 we-based edition

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: The decision for associated surgical services: preoperative labs including EKG is not medically necessary. As the requested surgical intervention is not supported by the documentation, the requested ancillary service is also not medically necessary.