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| Case Number: | CM14-0184541 | | |
| Date Assigned: | 11/12/2014 | Date of Injury: | 10/31/2012 |
| Decision Date: | 12/15/2014 | UR Denial Date: | 10/09/2014 |
| Priority: | Standard | Application Received: | 11/06/2014 |

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 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 35-year-old male sustained an industrial injury on 10/31/12. He reported an onset of right elbow and wrist pain secondary to repetitive work tasks as an electronic assembler. The 3/24/14 right elbow MRI revealed minimal increased signal in the posterior fiber of the common extensor tendon that might represent mild lateral epicondylitis with no appreciable tearing. The 7/3/14 right wrist MR arthrogram impression documented mild degeneration of the triangular fibrocartilage central disc with no fluid-filled tear and intact ulnar attachments. There was minimal extensor carpi ulnaris tendinosis distal to the ulnar styloid and trace amount of fluid in the flexor carpi radialis tendon sheath at the level of the trapezium. The 8/28/14 initial hand surgery consult report cited significant lateral elbow and forearm pain. Conservative treatment had included physical therapy, wrist splint, anti-inflammatory medication, activity modification, and one corticosteroid injection to the lateral epicondyle. Physical exam documented exquisite tenderness over the right lateral epicondyle and radial tunnel, and pain with resisted wrist and middle finger extension and forearm supination. X-rays revealed no bony or ligamentous abnormalities. MRI findings in April 2013 confirmed early right lateral epicondylitis. The diagnosis was right lateral epicondylitis and radial tunnel syndrome. The treatment plan recommended a repeat MRI, therapy, wrist splinting, ice, anti-inflammatories, and home exercise program. A corticosteroid injection was provided to the radial tunnel. The 9/19/14 treating physician progress report cited severe right lateral elbow pain, worse than the wrist. There was exquisite tenderness over the lateral epicondyle, pain with resisted wrist extension and positive long finger sign. The patient had failed physical therapy, time off work, medications, and injections. Surgical consultation was recommended and had been authorized. The 10/9/14 utilization review denied the request for right elbow MRI as there was no progress of neurologic deficits to support repeat imaging. The request for additional hand therapy was denied as there

was no rationale to support the medical necessity of additional supervised therapy over a home exercise program. The request for a right wrist splint was denied as there was no rationale as to why a new splint was necessitated as documentation revealed prior splint use. The 10/16/14 utilization review appeal letter stated that the repeat MRI study was warranted as the patient had significant persistent pain despite prior conservative and interventional treatment and imaging was required to accurately determine the cause of pain. The treating physician stated that the patient had been requested 12 sessions of physical therapy for the right hand as there was clear evidence of musculoskeletal dysfunction and the patient had only been provided with 8 sessions to date, and was entitled to up to 24 sessions. The wrist splint was indicated and supported by literature and evidence based medical guidelines to provide optimum support and rest.

IMR ISSUES, DECISIONS AND RATIONALES

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

Associated surgical service: MRI (Magnetic Resonance Imaging) of the right elbow:
Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 601-602. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment in Workers Compensation (TWC) Guidelines for Elbow Disorders last updated 05/15/2014

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 33-34.

Decision rationale: The California Medical Treatment Utilization Schedule (MTUS) guidelines provide specific criteria for elbow imaging. Criteria include emergence of a red flag, the imaging study results will substantially change the treatment plan, and failure to progress in a rehabilitation program, evidence of significant tissue insult or neurological dysfunction that has been shown to be correctable by invasive treatment, and agreement by the patient to undergo invasive treatment if the presence of the correctable lesion is confirmed. The Official Disability Guidelines state that repeat MRI is not routinely recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology. Guideline criteria have not been met. MRI studies of the right elbow were performed in April 2013 and March 2014 with findings consistent with lateral epicondylitis. There is no evidence of a significant change in symptoms or findings to support the medical necessity of an additional study at this time. Therefore, this request is not medically necessary.

Associated surgical service: certified hand therapy for right hand QTY 12 sessions: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 263-266. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment in Workers Compensation (TWC) Guidelines, Chapter: Forearm, Wrist and Hand (Acute and Chronic) last updated 08/08/14

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 45, Chronic Pain Treatment Guidelines Page(s): 9.

Decision rationale: The California MTUS guidelines do not recommend physical therapy for a diagnosis of radial tunnel syndrome. Guidelines would support up to 8 to 12 visits for a diagnosis of lateral epicondylitis when functional improvement and program progression are documented with the first 2 to 3 visits. Treatment that has not resulted in improvement after a couple of visits should either be modified substantially or discontinued. Guidelines recommend that all therapies be focused on the goal of functional restoration rather than merely the elimination of pain. Guideline criteria have not been met. This patient has received 8 visits of physical therapy for his elbow and forearm pain complaints with documented failure of conservative treatment, including therapy. There is no current functional assessment or specific functional deficit to be addressed by additional therapy. There is no compelling rationale to support the medical necessity of 12 additional visits over an independent home exercise program at this time. Therefore, this request is not medically necessary.

Associated surgical service: Right wrist splint: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 271-273. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment in Workers Compensation (TWC) Guidelines, Chapter: Forearm, Wrist and Hand (Acute and Chronic) last updated 08/08/14

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 45.

Decision rationale: The California MTUS guidelines support the use of wrist splinting for the diagnosis of radial tunnel syndrome. The use of a wrist brace would be appropriate for this patient and consistent with guidelines. Records indicated that wrist splinting was currently part of the treatment plan. There is no rationale to support the medical necessity of this request for another wrist splint. Therefore, this request is not medically necessary.