MAXIMUS Federal Services

Case Number:	CM14-0031998		
Date Assigned:	03/21/2014	Date of Injury:	01/05/2009
Decision Date:	05/20/2014	UR Denial Date:	03/04/2014
Priority:	Standard	Application Received:	03/14/2014

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:

The claimant is a 60-year-old female who was involved in a head on collision in a work-related motor vehicle accident on January 5, 2009. The records provided for review document that the claimant has complaints of pain in the left elbow. The progress report dated February 10, 2014 noted that the claimant failed conservative measures pertaining to the left elbow including activity modifications, bracing, physical therapy, medication management and prior corticosteroid injections on multiple occasions with no long term improvement. The current diagnosis is lateral epicondylitis with consistent findings on examination. The recommendation was made for left lateral epicondylar release including preoperative medical clearance and a postoperative prescription for Vicodin.

IMR ISSUES, DECISIONS AND RATIONALES

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

VICODEN ES 7.5/750MG #60: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47-48,Chronic Pain Treatment Guidelines Page(s): 79-81;. Decision based on Non-MTUS Citation ODG (Pain Chapter)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 76-80.

Decision rationale: The California MTUS Chronic Pain Guidelines would support the use of Vicodin in the postoperative setting. This individual is to undergo an elbow procedure. The acute need of the medication in question is supported and is medically necessary.

PRE-OPERATIVE CLEARANCE WITH AN INTERNIST: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Low Back Chapter

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Independent Medical Examinations and Consultations Chapter (ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 7) page 1277

Decision rationale: Based on the American College of Occupational and Environmental Medicine (ACOEM) Guidelines, the role of a preoperative medical clearance would also be supported. This is a 60-year-old female who is to undergo anesthetic procedure and surgical process to the elbow. The role of a preoperative assessment with an internist is supported for appropriate preoperative management and is medically necessary.

LEFT LATERAL EPICONDYLE RELEASE: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 603-606. Decision based on Non-MTUS Citation ODG Elbow Chapter

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

Decision rationale: The California ACOEM Guidelines support the role of left elbow lateral epicondylar release. The claimant has failed multiple types of conservative modalities, including multiple prior injections, and continues to be symptomatic. The surgical request is supported and is medically necessary.