

Case Number:	CM14-0052085		
Date Assigned:	07/07/2014	Date of Injury:	12/21/2013
Decision Date:	08/28/2014	UR Denial Date:	04/08/2014
Priority:	Standard	Application Received:	04/21/2014

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 38-year-old male garden associate sustained an industrial injury on 12/21/13. Injury occurred when a heavy board with two nails flew into the air hitting his elbow while he was taking apart a Christmas tree lot. The nails punctured the external aspect of his left elbow. Initial treatment included attempted drainage, tetanus toxoid injection, immobilization, antibiotics, rest, and pain medications. He presented on 12/31/13 with moderate lateral elbow pain radiating to the upper arm and forearm with erythema, swelling, arm weakness and two puncture wounds. The 1/8/14 left elbow magnetic resonance imaging (MRI) impression documented proximal common extensor tendinopathy. There was mild superficial edema noted laterally. There was no extensor tendon tear, retraction, or peritendinous fluid present. Physical therapy was initiated on 1/27/14 with 12 visits provided as of 3/11/14. The 3/18/14 treating physician report cited continued left elbow pain. Physical exam documented tenderness to palpation over the lateral epicondyle, flexion contracture, restricted extension lacking 15 degrees, and 4/5 strength. The patient received a left elbow cortisone injection on 2/18/14 with mild pain relief. Pain had recurred. The patient failed conservative treatment including physical therapy, cortisone injection and activity restrictions. The treatment plan recommended left elbow lateral epicondylar release and manipulation for arthrofibrosis of the elbow. The 4/8/14 utilization review denied the request for lateral epicondyle surgery as conservative treatment had not been completed for 6 months and manipulation under anesthesia was not recommended.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left lateral epicondylar release with manipulation for arthrofibrosis: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 35-36.

Decision rationale: The California MTUS updated ACOEM elbow guidelines state that surgery for lateral epicondylalgia should only be a consideration for those patients who fail to improve after a minimum of 6 months of care that includes at least 3-4 different types of conservative treatment. However, there are unusual circumstances in which, after 3 months of failed conservative treatment, surgery may be considered. Although some individuals will improve with surgery for lateral epicondylalgia, at this time there are no published randomized controlled trials (RCTs) that indicate that surgery improves the condition over non-surgical options. The Official Disability Guidelines stated that manipulation under anesthesia is not recommended. Guideline criteria have not been met. This patient had not completed guideline-recommended conservative treatment at the time of this request. There was no compelling reason to support the medical necessity of surgery prior to completion of a minimum of 6 months of conservative treatment. There is no guideline support for manipulation under anesthesia. Therefore, this request for left lateral epicondylar release with manipulation for arthrofibrosis is not medically necessary.