MAXIMUS Federal Services

Case Number:	CM14-0060726		
Date Assigned:	07/09/2014	Date of Injury:	12/30/2013
Decision Date:	08/08/2014	UR Denial Date:	04/28/2014
Priority:	Standard	Application Received:	05/01/2014

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 Occupational Medicine 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 was injured on 12/30/13. The left lateral elbow decompression surgery and post-op physical therapy (PT) are under review. The claimant was diagnosed with lateral epicondylitis and attended six sessions of occupational therapy (OT) and six sessions of acupuncture. He has tried injections and an exercise program for less than five months. He stated that similar symptoms on the contralateral side resolved with non-operative treatment. On 05/06/14, he saw [redacted] and he had symptoms for about five months. His condition was the same. He still had episodes of sharp left lateral elbow pain and persistence of throbbing pain, six weeks since the second injection. He was on modified work. He had tenderness with full range of motion and no pain. His strength was mildly reduced on the left side. He had tried medication and an elbow splint. He has had extensive conservative treatment including oral medications, injectable steroids, and therapy, acupuncture, and modified work with persistence of symptoms. Acupuncture and OT were recommended to be held but he was to continue home exercises. He remained on naproxen and Tylenol and was on light duty. His right elbow responded after one local steroid injection but he has already had two steroid injections to the left lateral elbow. He had intense pain. He was represented and wanted to wait to talk to his representative before doing anything. The elbow was not examined on 05/01/14. Surgery was recommended on 04/22/14 and he was approximately four months status post injury. He underwent left lateral elbow injections on 02/14/14 and 03/20/14. He was referred for an ortho consultation. He reportedly had some benefit from the first injection for about three weeks until he aggravated it. He underwent a second injection on 03/20/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left lateral elbow decompression Outpatient procedure: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): table 3.

Decision rationale: The history and documentation do not objectively support the request for a left lateral elbow decompression outpatient procedure. The claimant attended six rehab visits and six acupuncture sessions and has ongoing pain. However, it is not clear that he has failed all reasonable conservative care. The ACOEM Guidelines state that a referral for surgical consultation may be indicated for patients who have: Significant limitations of activity for more than 3 months; failed to improve with exercise programs to increase range of motion and strength of the musculature around the elbow, or clear clinical and electrophysiological or imaging evidence of a lesion that has been shown to benefit in both the short and long term from surgical repair. Table 3 recommends initial and follow-up visits for education, counseling, and evaluation of home exercise (I) and the ODG recommend up to eight visits of PT over five weeks. The MTUS also states if surgery is a consideration, counseling regarding likely outcomes, risks, and benefits, and especially expectations is very important. It is also important to set pre-operative expectations that there is a necessity to adhere to the rehabilitative exercise regimen and work through post-operative pain. It is not clear that this type of counseling has been done. The medical necessity of this request for surgery has not been clearly demonstrated. Therefore, the left lateral elbow decompression outpatient procedure is not medically necessary.

#8 Sessions Pos-op Occupational: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007).

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 15.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.