

Case Number:	CM14-0086910		
Date Assigned:	08/08/2014	Date of Injury:	10/01/2012
Decision Date:	10/14/2014	UR Denial Date:	06/04/2014
Priority:	Standard	Application Received:	06/10/2014

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 is licensed to practice in Arkansas and Texas. 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 60-year-old male with a reported date of injury on 10/01/2011. The mechanism of injury was noted to be due to continuous trauma. His diagnoses were noted to include right elbow and medial and lateral epicondylitis and right de Quervain's tenosynovitis. His previous treatments were noted to include bracing, physical therapy, steroid injections and activity modification. An unofficial MRI of the right elbow revealed mild degenerative arthritic change at the right elbow joint space articulation. There was a mild change of lateral epicondylitis/tendinosis and the flexor and extensor tendons across the right elbow were intact. The electrodiagnostic examination report dated 03/13/2014 revealed a lack of evidence of peripheral neuropathy such as carpal tunnel syndrome or ulnar neuropathy at the wrist or elbow. The progress note dated 04/14/2014 revealed complaints of pain with activities to the right elbow and weakness. The physical examination revealed tenderness to palpation over the right elbow, medial and lateral epicondyle. The provocative test for medial and lateral epicondylitis was positive and grip strength was diminished. The progress note dated 05/28/2014 revealed complaints of right elbow pain, right hand weakness and right elbow stiffness. The physical examination revealed tenderness to the medial/lateral epicondyle to the right elbow and positive provocative test for medial and lateral epicondylitis. The Request for Authorization form was not submitted within the medical records. The request was for a right elbow medial and lateral partial epicondylectomy with debridement of tendons, reconstruction to improve symptomatology; RN evaluation for postoperative home health care for wound cleaning and assistance with activities of daily living; continuous passive motion (CPM) for providing passive range of motion exercise in the affected joint; further reduction of postoperative scar tissue and prevention of postoperative joint stiffness; combo stim electrotherapy to keep pain controlled and functional restoration; motorized cold therapy unit compression to treat acute injury and subacute

injury where swelling persists and acute stages of inflammation; DVT max for the prevention of deep vein thrombosis; and 12 sessions of postsurgical physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right Elbow Medial And Lateral Partial Epicondylectomy, Debridement Of Tendons Reconstruction: 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): 44-49.

Decision rationale: The request for Right Elbow Medial and Lateral Partial Epicondylectomy, Debridement of Tendons Reconstruction is not medically necessary. The injured worker had an MRI that revealed mild epicondylitis/tendinosis change and the flexor/extensor tendons were intact as well as has had bracing, physical therapy, steroid injections and activity modification with failure. The California MTUS/ACOEM Guidelines recommend 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 musculature around the elbow or clear clinical imaging evidence of a lesion that has been shown to benefit from both short and long term from surgical repair. The guidelines state surgery for medial/lateral epicondylalgia should only be a consideration for those patients who fail to improve after a minimum of 6 months of care that includes 3 to 4 different types of conservative treatment. However, there are unusual circumstances in which, after 3 months of failed conservative treatment, surgery may be considered. The injured worker has failed over 6 months of conservative treatment and remained symptomatic. However, the official MRI report was not submitted within the medical records and the unofficial report failed to show evidence of a lesion that has been shown to benefit from both short and long term from surgical repair. Additionally, the request for debridement of tendons reconstruction failed to identify which tendons needed to be reconstructed. Therefore, the request is not medically necessary.

RN Evaluation For Postoperative Home Health Care: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Home health services Page(s): 51.

Decision rationale: The request for RN Evaluation For Postoperative Home Health Care is not medically necessary. The previous request for an epicondylectomy and debridement of tendons reconstruction was deemed not medically necessary. Therefore, the request for postoperative home health care is not medically necessary.

Continuous Passive Motion (CPM) Machine: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee and Leg, Continuous Passive Motion.

Decision rationale: The request for Continuous Passive Motion (CPM) Machine is not medically necessary. The previous request for right elbow medial and lateral partial epicondylectomy, debridement of tendon reconstruction was deemed not medically necessary. Therefore, a CPM machine is not medically necessary. Therefore, the request is not medically necessary.

Combo-Stim Electrotherapy: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS, Neuromuscular stimulator, interferential stimulation Page(s): 116, 118, 120.

Decision rationale: The request for a Combo-Stim Electrotherapy is not medically necessary. The previous request for right elbow medial and lateral partial epicondylectomy and debridement of tendon reconstruction was deemed not medically necessary. Therefore, a combo stim electrotherapy is not appropriate at this time. Additionally, the request did not specify the types of stimulation to be utilized. Therefore, the request is not medically necessary.

Motorized Cold Therapy Unit Compression: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee and Leg, Cold Compression therapy.

Decision rationale: The request for Motorized Cold Therapy Unit Compression is not medically necessary. The previous request for right elbow medial and lateral partial epicondylectomy and debridement of tendons reconstruction was deemed not medically necessary. Therefore, a motorized cold therapy unit compression is not appropriate at this time. As such, the request is not medically necessary.

DVT max: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee and Leg, Venous Thrombosis.

Decision rationale: The request for DVT max is not medically necessary. The previous request for right elbow medial and lateral partial epicondylectomy and debridement of tendons reconstruction was deemed not medically necessary. Therefore, a DVT max is not appropriate at this time. As such, the request is not medically necessary.

12 Sessions Of Postoperative Physical Therapy: 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): 17.

Decision rationale: The 12 Sessions of Postoperative Physical Therapy is not medically necessary. The previous request for right elbow medial and lateral partial epicondylectomy and debridement of tendons reconstruction was deemed not medically necessary. Therefore, postoperative physical therapy is not appropriate at this time. As such, the request is not medically necessary.