

Case Number:	CM14-0096917		
Date Assigned:	07/28/2014	Date of Injury:	02/11/2013
Decision Date:	09/10/2014	UR Denial Date:	06/18/2014
Priority:	Standard	Application Received:	06/25/2014

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 47-year-old female custodian sustained an industrial injury on 2/11/13. Injury occurred when she tripped over a box and fell forward landing on her hands and hitting her elbows on the cement floor. Past medical history was positive for diabetes and hypertension. Conservative treatment included Tylenol, Advil, an elbow sleeve, tennis elbow support, 15-20 visits of physical therapy, and activity modification. The 6/26/13 left elbow MRI impression documented mild to moderate insertional tendinosis versus a mild strain involving the common extensor tendon, consistent with lateral epicondylitis. There was no partial or full thickness tear of the common extensor tendon identified. The 5/29/14 treating physician report indicated the patient was seen for her left elbow. Subjective complaints documented left shoulder, wrist, and hand discomfort with gripping, grasping, pushing and pulling. A Corticosteroid injection was provided to the lateral epicondyle region and first dorsal compartment on 5/15/14 with no improvement in symptoms. Physical exam documented marked tenderness to palpation over the left lateral epicondyle and along the extensor muscle group of the forearm. Cozen and tennis elbow maneuvers were positive. There was first dorsal compartment pain and positive Finkelstein's test. The diagnosis was lateral epicondylitis and DeQuervain's tenosynovitis. The patient had failed conservative treatment, including Corticosteroid injection. The treatment plan recommended open common extensor debridement & repair of the left elbow and left first dorsal compartment release. The 6/17/14 utilization review denied the left elbow surgery and associated requests as there was no indication that the patient had failed physical therapy with an exercise component and she had no response to a corticosteroid injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

LEFT ELBOW OPEN COMMON EXTENSOR DEBRIDEMENT & REPAIR: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES.

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. Guideline criteria have been met. The patient has been treated for over 12 months with guideline-recommended conservative treatment without sustained benefit allowing for return to work. Therefore, this request is medically necessary.

SURGICAL ASSISTANT: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation BLUE CROSS/BLUE SHIELD NORTH CAROLINA.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Centers for Medicare and Medicaid services, Physician Fee Schedule.

Decision rationale: The California MTUS guidelines do not address the appropriateness of surgical assistants. The Center for Medicare and Medicaid Services (CMS) provide direction relative to the typical medical necessity of assistant surgeons. The Centers for Medicare & Medicaid Services (CMS) has revised the list of surgical procedures which are eligible for assistant-at-surgery. The procedure codes with a 0 under the assistant surgeon heading imply that an assistant is not necessary; however, procedure codes with a 1 or 2 implies that an assistant is usually necessary. For this requested surgery, CPT Code 24341, there is a "2" in the assistant surgeon column. Therefore, based on the stated guideline and the complexity of the procedure, this request is medically necessary.

PREOP LABS: CBC/CMP/HGBA1C/EKG: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation E-MEDICAINE.COM.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Practice advisory for preanesthesia evaluation: an updated report by the American

Society of Anesthesiologists Task Force on Preanesthesia Evaluation. *Anesthesiology* 2012 Mar; 116(3):522-38.

Decision rationale: The California MTUS guidelines do not provide recommendations for this service. Evidence based medical guidelines indicate that most laboratory tests are not necessary for routine procedures unless a specific indication is present. Indications for such testing should be documented and based on medical records, patient interview, physical examination, and type and invasiveness of the planned procedure. EKG may be indicated for patients with known cardiovascular risk factors or for patients with risk factors identified in the course of a pre-anesthesia evaluation. Guideline criteria have been met. The use of the requested pre-operative testing appears reasonable in a 47-year-old obese female with known diabetes and hypertension undergoing general anesthesia. Therefore, this request is medically necessary.

POSTOP NORCO 5/325 MG, #60: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use. Opioids, specific drug list Page(s): 76-80, 91.

Decision rationale: The California Medical Treatment Utilization Schedule guidelines support the use of hydrocodone/acetaminophen (Norco) for moderate to moderately severe pain on an as needed basis with a maximum dose of 8 tablets per day. Short-acting opioids: also known as "normal-release" or "immediate-release" opioids are seen as an effective method in controlling both acute and chronic pain. Guideline criteria have been met for the post-operative use of Norco. Therefore, this request is medically necessary.

POSTOP PT 2X4: Overturned

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 17.

Decision rationale: The California Post-Surgical Treatment Guidelines for lateral epicondylitis suggest a general course of 12 post-operative visits over 12 weeks during the 6-month post-surgical treatment period. An initial course of therapy would be supported for one-half the general course or 6 visits. If it is determined that additional functional improvement can be accomplished after completion of the general course of therapy, physical medicine treatment may be continued up to the end of the postsurgical physical medicine period. This is the initial request for post-operative physical therapy and, although it exceeds recommendations for initial care, is within the recommended general course. Therefore, this request is medically necessary.