

Case Number:	CM14-0128688		
Date Assigned:	08/18/2014	Date of Injury:	04/23/2011
Decision Date:	01/08/2015	UR Denial Date:	07/11/2014
Priority:	Standard	Application Received:	08/13/2014

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 Minnesota. 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 51 year old female with a date of injury of 4/23/2011. She underwent surgery for chronic lateral epicondylitis of the right elbow on 9/10/2012. She reports no improvement from the procedure which included a surgical release with repair of the extensor origin and partial lateral epicondylectomy. In the past she had undergone a carpal tunnel release (unknown if right or left). An orthopedic note dated 7/1/2014 documents 3-4/10 right elbow pain described as a constant throbbing discomfort. There was also left wrist and arm pain with numbness and tingling in the 4th and 5th fingers. The right elbow was tender along the common extensor origin. Prior conservative treatment included 6 injections, activity modification, brace, and medical management. The injured worker was certified for a right shoulder arthroscopy and subacromial decompression for impingement syndrome per UR report. An MRI scan of the right elbow dated 5/28/2014 revealed focal tendinopathy and partial tear of the common extensor origin similar to the pre-operative study of 11/29/2011. No full thickness tearing was documented. A request for revision surgery on the right elbow consisting of a Nirschl procedure was non-certified by UR citing MTUS guidelines and studies which indicate 85% success rate from the elbow surgery which reportedly did not result in any improvement. It was recommended that waiting a year from the shoulder surgery would be prudent before the repeat elbow surgery could be recommended.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right Lateral Revision Nirschl Procedure: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007), Postsurgical Treatment Guidelines Page(s): 17. Decision based on Non-MTUS Citation Official Disability Guidelines, Elbow, Surgery for epicondylitis

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 35. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Section: Elbow, Topic: Surgery for epicondylitis

Decision rationale: The California MTUS guidelines indicate there are no published randomized clinical trials that indicate that surgery improves the condition over non-surgical options. Official Disability Guidelines recommend one year of compliance with non-operative treatment before surgical consideration. The success rate with non-operative treatment is 95% per guidelines. Based on the above, the request for a revision Nirschl procedure is not medically necessary.

Pre-Operative Occupational Therapy for the Right Elbow (2x4): Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 35. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Section: Elbow, Topic: Surgery for lateral epicondylitis

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