

Case Number:	CM14-0207875		
Date Assigned:	12/19/2014	Date of Injury:	06/10/2009
Decision Date:	02/12/2015	UR Denial Date:	11/21/2014
Priority:	Standard	Application Received:	12/11/2014

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 Physical Medicine Rehabilitation, has a subspecialty in Interventional Spine 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 patient is a 36 year old female with an injury date of 06/10/09. The patient is status post right lateral and medial epicondylectomy, secondary repair of extensor repair, Anconeus muscle tendon transfer for coverage of right lateral epicondyle, lateral elbow arthrotomy and synovectomy, and debridement and secondary repair of right medial flexor origin, as per operative report dated 09/26/14. Progress report dated 11/06/14 reports well-healed right upper extremity scars and moderate swelling along with slight tenderness medially and laterally. Elbow range of motion is between 20 to 120 degrees. As per AME report dated 08/06/14 (prior to surgery date), the patient complained of pain in the right elbow and decreased strength in the right hand. There was slight tenderness in volar and dorsal aspects of the forearm. Medications, as per progress report dated 11/06/14, include Celebrex and Prilosec. The patient is also benefiting from stretching and strengthening exercises. The patient is temporarily totally disabled, as per progress report dated 11/06/14. MRI of the Right Elbow, 07/03/14, as per AME report dated 08/06/14: Tendinosis of the common extensor origin Diagnoses, 08/06/14:- Chronic right lateral epicondylitis - Right medial epicondylitis - Right forearm tendinitis- Status post right carpal tunnel release. The treater is requesting for (a) ADDITIONAL 12 SESSIONS PHYSICAL THERAPY (UNSPECIFIED) (b) CELEBREX (UNKNOWN DURATION / DOSAGE / QUANTITY) (c) RETRO PRILOSEC 20 mg # 60. The utilization review determination being challenged is dated 11/21/14. Treatment reports were provided from 09/06/13 - 11/10/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional 12 sessions physical therapy(unspecified): Upheld

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

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 15-17.

Decision rationale: The patient is status post right lateral and medial epicondylectomy, secondary repair of extensor repair, Anconeus muscle tendon transfer for coverage of right lateral epicondyle, lateral elbow arthrotomy and synovectomy, and debridement and secondary repair of right medial flexor origin, as per operative report dated 09/26/14. The request is for ADDITIONAL 12 SESSIONS PHYSICAL THERAPY (UNSPECIFIED). Currently, the patient complains of moderate swelling in the right upper extremity along with slight tenderness medially and laterally. MTUS post-surgical guidelines, pages 15-17, Elbow & Upper Arm, state that the patient is eligible for Postsurgical treatment of 12 visits over 12 weeks each for lateral epicondylitis/Tennis elbow and Medial epicondylitis/Golfers' elbow. The postsurgical time frame is 6 months. In this case, the patient has undergone a series of surgeries on the right elbow including lateral and medial epicondylectomy on 09/25/14. The patient is within the post-operative time frame. MTUS recommends 12 sessions of physical therapy for each of those procedures. The progress report does not discuss any post-operative therapy. However, the UR letter states that the patient has already been authorized for 12 sessions of therapy. Additionally, at least four physiotherapy reports dated 10/27/14, 11/ 10/14, 11/05/14, and 11/03/14 are available for review. They are prior to the Request for Authorization form dated 11/14/14. However, the treater does not document improvement in pain and function due to these therapy sessions. Hence, the request for additional sessions IS NOT medically necessary.

Celebrex (unknown duration/dosage/quantity): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain; Anti-inflammatory medications Page(s): 60-61; 22.

Decision rationale: The patient is status post right lateral and medial epicondylectomy, secondary repair of extensor repair, Anconeus muscle tendon transfer for coverage of right lateral epicondyle, lateral elbow arthrotomy and synovectomy, and debridement and secondary repair of right medial flexor origin, as per operative report dated 09/26/14. The request is for CELEBREX (UNKNOWN DURATION / DOSAGE / QUANTITY). Currently, the patient complains of moderate swelling in the right upper extremity along with slight tenderness medially and laterally. Regarding NSAID's, MTUS page 22 supports it for chronic low back pain, at least for short-term relief. MTUS p60 also states, "A record of pain and function with the medication should be recorded," when medications are used for chronic pain. In this case, the first prescription for Celebrex was noted in the latest progress report dated 11/06/14. The patient

has severe pain and may benefit from the use of the medication. However, the treater does not mention the duration, dosage and quantity of Celebrex in the request. Since the MTUS guidelines require regular documentation of improvement in pain and function with the use of NSAIDs, this open-ended appears unreasonable. The request IS NOT medically necessary.

(Retro) Prilosec 20mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms and cardiovascular risk.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 69.

Decision rationale: The patient is status post right lateral and medial epicondylectomy, secondary repair of extensor repair, Anconeus muscle tendon transfer for coverage of right lateral epicondyle, lateral elbow arthrotomy and synovectomy, and debridement and secondary repair of right medial flexor origin, as per operative report dated 09/26/14. The request is for PRILOSEC CAP 20 mg. Currently, the patient complains of moderate swelling in the right upper extremity along with slight tenderness medially and laterally. MTUS pg 69 states, "Clinicians should weight the indications for NSAIDs against both GI and cardiovascular risk factors. Determine if the patient is at risk for gastrointestinal events: (1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID (e.g., NSAID + low-dose ASA)." "Treatment of dyspepsia secondary to NSAID therapy: Stop the NSAID, switch to a different NSAID, or consider H2-receptor antagonists or a PPI." In this case, a prescription for Prilosec and Celebrex (NSAID) was first noted in progress report dated 11/06/14. Only one other progress report, with a date prior to the date of the surgery, is available for review and it does not mention these drugs. The treater, however, does not provide a GI risk assessment. The patient is under 65 years of age and available reports do not document the use of ASA, corticosteroids, and/or an anticoagulants as well. Hence, this request IS NOT medically necessary.