

<b>Case Number:</b>	CM15-0102604		
<b>Date Assigned:</b>	06/05/2015	<b>Date of Injury:</b>	08/08/2013
<b>Decision Date:</b>	07/09/2015	<b>UR Denial Date:</b>	05/01/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/28/2015

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:  
 State(s) of Licensure: Illinois, California, Texas  
 Certification(s)/Specialty: Orthopedic Surgery

### 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 50-year-old male who sustained an industrial injury on 8/08/13. The mechanism of injury was not documented. Past surgical history was positive for left elbow surgery on 4/9/14. The 4/3/15 occupational therapy visit note indicated the injured worker had completed 6/6 visits. Lateral epicondyle pain had improved from grade 4-5/10 in elbow flexion/extension to grade 3-4/10. Grip strength had improved from 30 pounds on the left to 45 pounds. Extension muscle performance had improved from 4/5 to 4+/5. The diagnosis was left lateral epicondylitis. The injured worker was noted as compliant in his home exercise program with fair recall. He had mild pain with activities of daily living. The injured worker continued to have palpable and at times audible clicking at the lateral epicondyle. MRI was recommended to determine the underlying cause of this painful clicking. The 4/22/15 treating physician report indicated that the shoulder was improving. The left elbow scar tissue was popping and clicking, and was bothersome. The surgery had failed to relieve his popping and clicking long-term. It was successful early and then scar tissue accumulated and the popping clicking returned to a higher level. A second elbow surgery was recommended which would involve an excision of the extensor aponeurosis, which is part of the scar tissue and bothersome popping. The diagnosis was left elbow sprain/strain. Surgical indications included full range of motion but audible and palpable popping and clicking of the extensor aponeurosis over the radial head. He had failed surgery, injection, and physical therapy. The treating physician indicated that there was no imaging. Authorization was requested for excision of scar tissue for the left elbow, post-op physical therapy 3x 4, cold therapy unit with ice bags, post-op occupational therapy 3x4, and

pre-op medical clearance. The 5/1/15 utilization review non-certified the left elbow surgery for excision of scar tissue and the associated surgical requests as there was no clinical exam evidence of left elbow impairment or disability, or detailed documentation of prior operative and non-operative treatment.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **Excision of Scar Tissue for The Left Elbow: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation NC Division of Medical Assistance; Keloid Excision and Scar Revision; Medicaid and Health Choice, Clinical Coverage Policy # 1-0-3, Revised Date, 10/2/12.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 34, 35 and 43.

**Decision rationale:** The California MTUS guidelines recommend surgical consideration when there are significant limitation of activity for more than 3 months, failure to improve with exercise programs to increase range of motion and strength of the musculature around the elbow; or clear, clinical and electrophysiologic or imaging evidence of a lesion that has been shown to benefit in both the short and long term from surgical repair. Guidelines support debridement of inflammatory or scarred tissue for patients with epicondylalgia if conservative treatment fails. Guideline criteria have not been met. This injured worker presents status post left elbow surgery with popping and clicking. Clinical exam findings suggest scar tissue formation over the radial head. Detailed evidence of a recent, reasonable and/or comprehensive non-operative treatment protocol trial and failure has been submitted. However, there is no documentation of recent left elbow imaging. Therefore, this request is not medically necessary at this time.

#### **Post-op Physical Therapy 3x4 left elbow: Upheld**

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

**MAXIMUS guideline:** The Expert Reviewer did not cite any medical evidence for its decision.

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

#### **Associated Surgical Service: Cold Therapy Unit with Ice Bags: Upheld**

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

**MAXIMUS guideline:** The Expert Reviewer did not cite any medical evidence for its decision.

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

**Post-Op Occupational Therapy 3x4 Left Elbow:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not cite any medical evidence for its decision.

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

**Pre-Op Medical Clearance:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not cite any medical evidence for its decision.

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