MAXIMUS Federal Services

| Case Number: | CM15-0105772 | | |
|---|---|---|---|
| Date Assigned: | 06/04/2015 | Date of Injury: | 12/29/2012 |
| Decision Date: | 08/26/2015 | UR Denial Date: | 05/07/2015 |
| Priority: | Standard | Application Received: | 05/20/2015 |

## 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: California
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 23 year old female who sustained an industrial injury on 12/29/2012. Current diagnoses include cubital tunnel syndrome, left elbow, carpal tunnel syndrome, left wrist, and medial and lateral epicondylitis, left elbow. Previous treatments included medications, cortisone injections, splints, left cubital tunnel release on 08/06/2013, and physical therapy. Previous diagnostic studies include EMG/NCS dated 12/15/2014. Initial injuries sustained included soreness in the left shoulder, arm, and elbow due to cumulative trauma. Report dated 03/04/2015 noted that the injured worker presented with complaints that included pain in the left elbow. Pain level was not included. Physical examination was positive for tenderness over the medial and lateral epicondyle of the left elbow. The treatment plan included administration of a cortisone injection. Disputed treatments include left-elbow open medial and lateral epicondyle fasciotomy, Post-operative physical therapy 2 times a week for 6 weeks left elbow, Naproxen 550mg #60 with one refill, post-operative appointments within global period with fluoroscopy 4 visits, Zolpidem tartrate 5mg #30, pre-operative appointment, tramadol HCL/acetaminophen 37.5/325mg #60, and Game ready 2 week rental.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Post-operative physical therapy 2 times a week for 6 weeks 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.

**Post-operative appointments within global period with fluoroscopy 4 visits:** 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.

**Naproxen 550mg #60 with one refill:** 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.

**Zolpidem Tartrate 5mg #30:** 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.

**Tramadol HCL/Acetaminophen 37.5/325mg #60:** 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-operative appointment:** 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.

**Left-elbow open medial and lateral epicondyle fasciotomy:** 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): 35.

**Decision rationale:** CA MTUS/ACOEM Elbow chapter, page 35 recommends a minimum of 3-6 months of conservative care prior to contemplation of surgical care. In this case there is insufficient evidence of failure of conservative care or pathology specific to the medial epicondyle from the exam note of 3/4/15 to warrant a medial epicondylar release. In addition there is no MRI report attached demonstrating a surgical lesion. Therefore determination is not medically necessary.

**Associated surgical service: Game ready 2 week rental:** 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.