

Case Number:	CM15-0108924		
Date Assigned:	06/15/2015	Date of Injury:	12/10/2013
Decision Date:	07/14/2015	UR Denial Date:	05/13/2015
Priority:	Standard	Application Received:	06/05/2015

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 51 year old male, who sustained an industrial injury on 12/10/13. He reported shaking or tremors n left upper extremity and development of left lateral elbow pain following removal of large limbs from a tree. The injured worker was diagnosed as having left lateral epicondylar tendinosis, status post steroid injection and stenosing flexor tenosynovitis of left right and little fingers and left ulnar neuropathy secondary to compression/stretch at the cubital tunnel with abnormal findings on (EMG) Electromyogram studies. Treatment to date has included steroid injections, oral medications including opioids, topical Voltaren gel, physical therapy and activity restrictions. Currently, the injured worker complains of pain to left lateral epicondyle rated 7/10. He notes his medications do not control the pain well. He currently has modified work restrictions. Physical exam noted pain to palpation over the left lateral epicondyle and full range of motion of left elbow. A request for authorization was submitted for denervation of the lateral epicondyle wit excision of posterior branches of the posterior cutaneous nerve of the forearm, implantation of posterior branches of the posterior cutaneous nerve into brachioradialis or lateral head of the triceps, debridement of angio fibroblastic degenerative origin of the extensor carpi radialis brevis at the lateral elbow including open release of the extensor carpi radialis brevis and with soft tissue repair of the extensor carpi radialis longus and the common extensor tendon, application of long arm splint, PA assistant and post-op medications: Norco and Keflex.

IMR ISSUES, DECISIONS AND RATIONALES

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

Posterior Cutaneous Nerve of the Forearm, implantation of the posterior branches of the posterior cutaneous nerve into brachioradialis or lateral head of the tricep muscle, debridement of angiofibroblastic degenerative origin of the extensor capri radialis brevis at the lateral elbow, including open: 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 based on Non-MTUS Citation ODG, Elbow section, Surgery for epicondylitis.

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. ODG, Elbow section, Surgery for epicondylitis, recommends 12 months of non-operative management with failure to improve with NSAIDs, elbow bands/straps, activity modification and physical therapy program. In addition there should be failure of injection into the elbow to relieve symptoms and MRI evidence of pathology. In this case there is insufficient evidence of formal imaging report to substantiate the requested surgery. Therefore determination is not medically necessary.

Keflex 500mg #20 with 1 refill: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Treatment in Workers Compensation, Online Edition, Chapter: Infectious Diseases, Cephalexin (Keflex).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Bibliography Stulberg DL, Penrod MA, Blatny RA. Common bacterial skin infections. Am Fam Physician. 2002 Jul 1; 66(1):119-24.

Decision rationale: CA MTUS/ACOEM and ODG are silent on the issue of Keflex. An alternative guideline was utilized. According to the American Family Physician Journal, 2002 July 1; 66 (1): 119-125, titled "Common Bacterial Skin Infections", Keflex is often the drug of choice for skin wounds and skin infections. It was found from a review of the medical record submitted of no evidence of a wound infection to warrant antibiotic prophylaxis. The request for Keflex is therefore not medically necessary or appropriate.

Norco 10/325mg #40: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of opioids, On-going management.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 80.

Decision rationale: According to the CA MTUS/Chronic Pain Medical Treatment Guidelines, page 80, opioids should be continued if the patient has returned to work and the patient has improved functioning and pain. Based upon the records reviewed there is insufficient evidence to support chronic use of narcotics. There is lack of demonstrated functional improvement, percentage of relief, demonstration of urine toxicology compliance or increase in activity from the exam note of 2/20/15. Therefore the determination is not medically necessary.