

Case Number:	CM15-0012485		
Date Assigned:	02/02/2015	Date of Injury:	02/15/2013
Decision Date:	05/01/2015	UR Denial Date:	12/26/2014
Priority:	Standard	Application Received:	01/21/2015

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 49-year-old male, who sustained an industrial injury on February 15, 2013. He has reported injuring the left elbow. The diagnosis has included lateral epicondylitis. Treatment to date has included cortisone injections, and medications. Currently, the injured worker complains of left elbow pain. The Physician's report dated December 9, 2014, noted an upper extremity MRI dated May 9, 2014, which showed epicondylitis. The injured worker's musculoskeletal examination noted no signs of redness, swelling, discoloration, or atrophic changes, with unremarkable range of motion in both upper extremities. The Physician noted the injured worker had completely failed all reasonable treatment choices for conservative management of the lateral epicondylitis. On December 26, 2014, Utilization Review non-certified a posterior cutaneous nerve from its insertion site of the lateral epicondyle extensor carpi radialis brevis tendon, implantation of posterior branches of left posterior cutaneous nerve into deep muscle at brachioradialis or lateral head of triceps, left lateral epicondyle denervation by excision of posterior branches, possible detachment of left extensor carpi radialis brevis from insertion, Physician Assistant (PA) assistant, post-operative physical therapy two times a week for four weeks left elbow, and an intraoperative long arm splint, noting that the clinical information submitted for review failed to meet the evidence based guidelines for the requested procedures, and as the requested surgical interventions were not supported, the request for the associated services were not medically necessary. The MTUS American College of Occupational and Environmental Medicine (ACOEM) Guidelines, the MTUS Postsurgical Treatment Guidelines, and the Official Disability Guidelines (ODG) were cited. On January 21, 2015, the

injured worker submitted an application for IMR for review of a posterior cutaneous nerve from its insertion site of the lateral epicondyle extensor carpi radialis brevis tendon, implantation of posterior branches of left posterior cutaneous nerve into deep muscle at brachioradialis or lateral head of triceps, left lateral epicondyle denervation by excision of posterior branches, possible detachment of left extensor carpi radialis brevis from insertion, Physician Assistant (PA) assistant, post-operative physical therapy two times a week for four weeks left elbow, and an intraoperative long arm splint.

IMR ISSUES, DECISIONS AND RATIONALES

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

PA Assistant: 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 Physical Therapy (8-sessions, 2 times a week for 4 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: As the requested surgical procedure is not medically necessary, none of the associated services are medically necessary and appropriate.

Intraoperative Long Arm Splint: 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: As the requested surgical procedure is not medically necessary, none of the associated services are medically necessary and appropriate.

Possible Detachment of Left Extensor Carpi Radialis Brevis from Insertion: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 44-45. Decision based on Non-MTUS Citation Official

Disability Guidelines (ODG) Treatment Index, 11th Edition (web) 2014, 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) Elbow Chapter, 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. In this case, there is insufficient evidence of failure of conservative care of 12 months from the exam note of 12/9/14 to warrant an ECRB release. Therefore, the request is not medically necessary.

Posterior Cutaneous Nerve from its Insertion site of the Lateral Epicondyle: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 44-45. Decision based on Non-MTUS Citation Official Disability Guideline (ODG) Treatment Index, 11th Edition (web) 2014, 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) Elbow Chapter, 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. In this case, there is insufficient evidence of failure of conservative care of 12 months from the exam note of 12/9/14 to warrant the posterior cutaneous nerve surgery from insertion of the lateral epicondyle. Therefore, the request is not medically necessary.

Extensor Carpi Radialis Brevis Tendon: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 44-45. Decision based on Non-MTUS Citation Official Disability Guideline (ODG) Treatment Index, 11th Edition (web) 2014, 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) Elbow Chapter, 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. In this case, there is insufficient evidence of failure of conservative care of 12 months from the exam note of 12/9/14 to warrant extensor carpi radialis brevis tendon surgery. Therefore, the request is not medically necessary.

Implantation of Posterior Branches of Left Posterior Cutaneous Nerve into Deep Muscle at Brachioradialis or Lateral Head of Triceps: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 44-45. Decision based on Non-MTUS Citation Official Disability Guideline (ODG) Treatment Index, 11th Edition (web) 2014, 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) Elbow Chapter, 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. In this case, there is insufficient evidence of failure of conservative care of 12 months from the exam note of 12/9/14 to warrant implantation of posterior branches of the left posterior cutaneous nerve into the deep muscles of the brachioradialis or lateral head of triceps. Therefore, the request is not medically necessary.

Left Lateral Epicondyle Denervation by Excision of Posterior Branches: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 44-45. Decision based on Non-MTUS Citation Official Disability Guideline (ODG) Treatment Index, 11th Edition (web) 2014, 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) Elbow Chapter, 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. In this case, there is insufficient evidence of failure of conservative care of 12 months from the exam note of 12/9/14 to warrant the left lateral epicondyle denervation by excision of posterior branches. Therefore, the request is not medically necessary.