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| Case Number: | CM15-0013130 | | |
| Date Assigned: | 01/30/2015 | Date of Injury: | 11/18/1994 |
| Decision Date: | 04/16/2015 | UR Denial Date: | 01/15/2015 |
| Priority: | Standard | Application Received: | 01/22/2015 |

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 58 year old female, who sustained an industrial injury on November 18, 1994. The mechanism of injury is unknown. The diagnoses have included chronic lateral epicondylitis right elbow. Treatment to date has included diagnostic studies, injections, medications, surgery and physical therapy. Hand written note from 12/31/14 demonstrates ongoing pain in the medial left aspect of the elbow with numbness in the ring and small finger. There is improvement of the right elbow. Her series of steroid injections to the elbow areas bilaterally partially controlled the symptoms but never provided long lasting relief. On January 15, 2015, Utilization Review non-certified a medial epicondylectomy ulnar nerve release left elbow, pre op medical clearance and post op physical therapy 2x6 left elbow, noting the California Medical Treatment Utilization Schedule/American College of Occupational and Environmental Medicine Guidelines. On January 22, 2015, the injured worker submitted an application for Independent Medical Review for review of medial epicondylectomy ulnar nerve release left elbow, pre op medical clearance and post op physical therapy 2x6 left elbow.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pre-op Medical Clearance: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 40-43.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Low back, Preoperative testing.

Decision rationale: CA MTUS/ACOEM is silent on the issue of preoperative clearance and testing. ODG, Low back, Preoperative testing general, is utilized. This chapter states that preoperative testing is guided by the patient's clinical history, comorbidities and physical examination findings. ODG states, these investigations can be helpful to stratify risk, direct anesthetic choices, and guide postoperative management, but often are obtained because of protocol rather than medical necessity. The decision to order preoperative tests should be guided by the patient's clinical history, comorbidities and physical examination findings. Patients with signs or symptoms of active cardiovascular disease should be evaluated with appropriate testing, regardless of their preoperative status. Electrocardiography is recommended for patients undergoing high-risk surgery and those undergoing intermediate risk surgery who have additional risk factors. Patients undergoing low risk surgery do not require electrocardiography. Based on the information provided for review, there is no indication of any of these clinical scenarios present in this case. In this case the patient is a healthy 58year old without comorbidities or physical examination findings concerning to warrant preoperative testing prior to the proposed surgical procedure. Therefore, the determination is for non-certification.

Post-op physical therapy 2x6 for the left elbow: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 40-43.

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

Decision rationale: CA MTUS/Post surgical treatment guidelines, Elbow, Medial epicondylitis, page 17 state that 12 visits over 12 weeks. In this case the requested physical therapy visits exceeds 1/2 of the initial 12 visits recommended per the guidelines. Therefore, the determination is for non-certification.