

Case Number:	CM15-0160853		
Date Assigned:	09/03/2015	Date of Injury:	07/08/2013
Decision Date:	10/30/2015	UR Denial Date:	08/13/2015
Priority:	Standard	Application Received:	08/17/2015

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, Indiana, Oregon
 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 38 year old female who sustained an industrial injury on 7-8-13. She had complaints of right forearm pain. Treatments include: medications, physical therapy, acupuncture injections and surgery. Progress report dated 7-8-15 reports complaints of constant sharp right elbow pain and muscle weakness of the right hand. Diagnoses include: right elbow lateral epicondylitis, status post right elbow lateral epicondylar release and right upper extremity radial tunnel syndrome. Plan of care includes: corticosteroid injection with lidocaine into radial tunnel done at this visit, if she has ongoing symptoms she would be a candidate for surgical intervention for a release of the radial nerve in the radial tunnel as well as revision of the elbow. Work status: light duty with no use of the right upper extremity - currently not working. Follow up in 1 month.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right elbow radial tunnel release and revision right lateral elbow debridement: Overturned

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) elbow.

Decision rationale: CA MTUS/ACOEM is silent on the issue of radial tunnel surgery. Per the ODG, Elbow (Acute and chronic), Surgery for radial tunnel syndrome (lesion of radial nerve), "Recommended as an option in simple cases after 3-6 months of conservative care plus positive electrodiagnostic studies and objective evidence of loss of function. Surgical decompression of radial tunnel syndrome (RTS), a relatively rare condition, remains controversial because the results are unpredictable. Surgical decompression may be beneficial for simple RTS, but may be less successful if there are coexisting additional nerve compression syndromes or lateral epicondylitis or if the patient is receiving workers' compensation." In this case, the records support the prior UR decision of medical necessity for the surgical treatment of the right elbow. The request is medically necessary.

Associated surgical service: assistant surgeon: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) low back.

Decision rationale: CA MTUS/ACOEM is silent on the issue of a surgical assistant. ODG low back is referenced. More complex cases based off CPT code are felt to warrant the use of a surgical assistant. The requested procedure is lateral elbow debridement. Given the level of complexity of the surgery, it is not felt to be medically necessary to have an assistant.

Post-op physical therapy 2x4 for right elbow: Upheld

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

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment 2009, Section(s): Elbow & Upper Arm.

Decision rationale: CA MTUS/Post surgical treatment guidelines, Elbow, Lateral epicondylitis, page 17 states that 12 visits over 12 weeks. Half of the visits are initially recommended pending re-evaluation. In this case, the request exceeds the initial recommended number of visits and is therefore not medically necessary.

Associated surgical service: cold therapy unit rental x 7 days: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) elbow.

Decision rationale: CA MTUS/ACOEM is silent on the issue of cryotherapy for the elbow. According to ODG, Elbow section, cryotherapy is not recommended. Cold packs are recommended for at home application during first few days and thereafter application of either heat or cold packs to suit patient. As the guidelines do not recommend cryotherapy for the elbow, the determination is not medically necessary.