

Case Number:	CM15-0161894		
Date Assigned:	09/24/2015	Date of Injury:	08/23/2012
Decision Date:	10/28/2015	UR Denial Date:	08/04/2015
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, Oregon, Washington
 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 48-year-old male who sustained an industrial injury on 08-23-2012. The injured worker was diagnosed with right shoulder periscapular sprain and strain, right elbow sprain with lateral epicondylitis and ulnar neuritis and lumbar musculoligamentous sprain and strain. According to the treating physician's progress report on June 26, 2015, the injured worker continues to experience right arm pain rated at 5 out of 10 on the pain scale. Examination of the bilateral elbow demonstrated full range of motion bilaterally with moderate right lateral epicondyle and lateral extensor origin tenderness. Motor strength, tone, deep tendon reflexes and stability of the elbow joints were intact. There was pain on resisted wrist extension and long finger extension on the right side. Decreased sensation along the ulnar nerve distribution was present on the right. Prior treatments included diagnostic testing with recent ultrasound of the right elbow on June 26, 2015, psychiatric evaluation and treatment, psychological group session, physical therapy, home exercise program and medications. Current medication was listed as Clonazepam. Treatment plan consists of a Coolcare cold therapy unit and surgical intervention. On June 26, 2015 the provider requested authorization for open exploration, debridement of the right lateral epicondyle, repair of ECRB and ECRL and ulnar nerve submuscular transposition with neurolysis, post op 12 sessions of rehabilitative therapy and 90 day use of Surgi-stimulator unit. On August 4, 2015 the Utilization Review modified the request for an open exploration, debridement of right lateral epicondyle, repair of extensor carpi radialis brevis (ECRB) and extensor carpi radialis longus (ECRL) , ulnar nerve submuscular transposition with neurolysis to an open exploration, debridement of right lateral epicondyle, repair of extensor carpi radialis

brevis (ECRB) and extensor carpi radialis longus (ECRL) on August 4, 2015 and modified the request for post op 12 sessions of rehabilitative therapy to post op 9 sessions of rehabilitative therapy. The Utilization Review determined the associated surgical service for 90-day use of Surgi-stimulator unit was not medically necessary on August 4, 2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Post op rehabilitative therapy (12 sessions): 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.

Associated surgical service: 90-day use of Surgi-stim unit: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Elbow section, Surgery for epicondylitis.

Decision rationale: Regarding the Interferential Current Stimulation (ICS), the California MTUS Chronic Pain Medical Treatment Guidelines, Interferential Current Stimulation, pages 118-119 state, Not recommended as an isolated intervention. There is no quality evidence of effectiveness except in conjunction with recommended treatments, including return to work, exercise and medications, and limited evidence of improvement on those recommended treatments alone. The randomized trials that have evaluated the effectiveness of this treatment have included studies for back pain, jaw pain, soft tissue shoulder pain, cervical neck pain and post-operative knee pain. The findings from these trials were either negative or non-interpretable for recommendation due to poor study design and/or methodologic issues. As there is insufficient medical evidence regarding use in this clinical scenario, the request is not medically necessary.

Open exploration, debridement of right lateral epicondyle, repair of ECRB and ECRL, ulnar nerve submuscular transposition with neurolysis: Upheld

Claims Administrator guideline: Decision based on MTUS Elbow Complaints 2007. Decision based on Non-MTUS Citation Official Disability Guidelines, Elbow Acute & Chronic.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Elbow section, Surgery for epicondylitis.

Decision rationale: CA MTUS/ACOEM guidelines recommend 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 to warrant a lateral epicondylar release. Therefore, the request is not medically necessary.