

Case Number:	CM15-0185119		
Date Assigned:	09/28/2015	Date of Injury:	12/29/2012
Decision Date:	11/10/2015	UR Denial Date:	08/26/2015
Priority:	Standard	Application Received:	09/21/2015

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: Texas, California

Certification(s)/Specialty: Family Practice

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 24 year old female patient who sustained an injury on 12-29-12. The diagnoses include left carpal tunnel syndrome, left cubital tunnel syndrome, status post left endoscopic carpal tunnel release and left elbow endoscopic cubital release and chronic left elbow medial and lateral epicondylitis. Per the progress report dated 8-5-15 she had chronic medial and lateral epicondylitis. She completed another round of physical therapy for her elbow and failed to improve. She had complaints of significant pain in the left elbow rated 7 out of 10 without numbness or tingling. The physical examination revealed elbows- full range of motion, mildly positive Tinel's sign, tenderness over the medial and lateral epicondyle of the left elbow, significant pain with resisted wrist flexion and extension; hand/wrists- minimal tenderness. The medications list includes tramadol-acetaminophen, naproxen, zolpidem, zofran and colace. The plan is to request surgical intervention due to failed recent physical therapy. Work status: remain temporarily disabled. She has undergone left endoscopic carpal tunnel release and left elbow endoscopic cubital release on 8/6/2013. She has had left elbow corticosteroid injection on 11/13/2013. She has had EMG/NCS dated 12/15/2014 which revealed mild residual left carpal tunnel syndrome. She has had physical therapy visits, work modification and injections for this injury. Request for authorization dated 8-19-15 was made for post operative appointments within the global period with fluoroscopy 4 visits. Utilization review dated 8-26-15 non-certified the request.

IMR ISSUES, DECISIONS AND RATIONALES

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

Post-Operative appointments within global period with fluoroscopy x 4 visits: Upheld

Claims Administrator guideline: Decision based on MTUS Elbow Complaints 2007. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Chapter: Elbow - Office Visits.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chapter: Elbow (updated 10/30/15) Office visits and Other Medical Treatment Guidelines MTUS guidelines ACOEM's Occupational Medicine Practice Guidelines Elbow Complaints Follow-up Visits Special Studies.

Decision rationale: Post-Operative appointments within global period with fluoroscopy x 4 visits. Per the cited guidelines "A patient with potentially work-related elbow complaints should have follow-up visits based on the acuity and severity of his or her condition. Follow-up should occur when a release to modified, increase or full duty is needed, or after appreciable healing or recovery can be expected. Follow-up might be expected every 4-7 days if the patient is off work and every 7-14 days if the patient is working. After 4-6 weeks, follow-up every 2-3 weeks may be needed until full recovery." In addition, per the ODG "The need for a clinical office visit with a health care provider is individualized based upon a review of the patient concerns, signs and symptoms, clinical stability, and reasonable physician judgment. The determination is also based on what medications the patient is taking, since some medicines such as opiates, or medicines such as certain antibiotics, require close monitoring. As patient conditions are extremely varied, a set number of office visits per condition cannot be reasonably established. The determination of necessity for an office visit requires individualized case review and assessment, being ever mindful that the best patient outcomes are achieved with eventual patient independence from the health care system through self care as soon as clinically feasible." Per the cited guidelines "An imaging study may be an appropriate consideration for a patient whose limitations due to consistent symptoms have persisted for 1 month or more, as in the following cases: When surgery is being considered for a specific anatomic defect. To further evaluate potentially serious pathology, such as a possible tumor, when the clinical examination suggests the diagnosis." Per the records provided the patient had chronic left elbow pain. Per the records provided the plan of care includes surgical intervention due to failed recent physical therapy. A documentation of authorization of the planned surgery is not specified in the records provided. In addition, the rationale for 4 follow up visits along with fluoroscopy at every visit is not specified in the records provided. The medical necessity of Post-Operative appointments within global period with fluoroscopy x 4 visits is not fully established for this patient.