

Case Number:	CM15-0221882		
Date Assigned:	11/17/2015	Date of Injury:	09/17/2014
Decision Date:	12/30/2015	UR Denial Date:	11/10/2015
Priority:	Standard	Application Received:	11/11/2015

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: Illinois, California, Texas
 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:

This injured worker is a 54-year-old female who sustained an industrial injury on 9/17/14. Injury was reported relative to repetitive work duties as a nurse. She was diagnosed with lateral epicondylitis. Conservative treatment had included physical therapy, activity modification, bracing, and corticosteroid injections. The 9/16/15 left elbow MRI impression documented findings lateral epicondylitis with mild to moderate diffuse common extensor tendinopathy with additional mild to moderate proximal intrasubstance interstitial type strain/tearing predominantly involving the extensor carpi radialis brevis at the humeral attachment. There was small elbow joint effusion with no distinct loose bodies in the synovial space. The 10/15/15 treating physician report cited pain to the left lateral epicondyle radiating distally to the fingers and proximally to the shoulder. She had received over 20 corticosteroid injection over the past 5 years and injections were no longer providing any significant relief. She was not able to work. Physical exam documented maximum tenderness over the left lateral epicondyle and restricted range of motion due to pain. Pain limited the left elbow exam. The 10/19/15 treating physician report cited persistent left elbow pain that had failed non-operative treatment, including corticosteroid injections, and failed to tolerate pain or anti-inflammatory medications. Authorization was requested for left lateral epicondyle release (medial/lateral fasciotomy with extensor detachment) and associated surgical requests including a 7-day rental of a cold therapy unit and an Ultra sling/elbow hinged brace. The 11/10/15 utilization review certified the request for left lateral epicondyle release. The request for 7-day rental of a cold therapy unit was non-certified as not supported by guidelines over standard cold packs. The request for an Ultra-sling and elbow hinged brace was modified to a standard sling.

IMR ISSUES, DECISIONS AND RATIONALES

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

Associated surgical service: Cold Therapy unit for 7 days: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Elbow Chapter, Cold Packs.

MAXIMUS guideline: Decision based on MTUS Elbow Complaints 2007, Section(s): Summary. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Elbow: Cold packs.

Decision rationale: The California MTUS Elbow guidelines and the Official Disability Guidelines support at home applications of cold or heat for comfort. Continuous flow cryotherapy is not recommended following elbow surgery. Guideline criteria have not been met. There is no compelling rationale submitted to support the medical necessity of this request as an exception to guidelines. Therefore, this request is not medically necessary.

Associated surgical service: Ultra Sling/Elbow hinged brace: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Elbow Chapter, Immobilization.

MAXIMUS guideline: Decision based on MTUS Elbow Complaints 2007, Section(s): Summary. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Elbow: Splinting.

Decision rationale: The California MTUS Elbow guidelines recommend the use of elbow bracing for epicondylalgia, ulnar neuropathies at the elbow, and elbow dislocation. A shoulder sling is generally recommended for elbow sprain. The Official Disability Guidelines state that, if used, bracing or splinting is recommended only as short-term initial treatment for lateral epicondylitis in combination with physical therapy. The 11/10/15 utilization review modified this request to a standard sling. There is no compelling rationale submitted to support the medical necessity of a specialized sling over the standard sling currently certified. Therefore, this request is not medically necessary.