

Case Number:	CM15-0051492		
Date Assigned:	03/24/2015	Date of Injury:	02/02/2012
Decision Date:	05/13/2015	UR Denial Date:	02/19/2015
Priority:	Standard	Application Received:	03/18/2015

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, Sports Medicine

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 47-year-old female who reported an injury on 06/12/2013. The mechanism of injury was not provided. Her diagnoses include right shoulder impingement syndrome, osteoarthritis of acromioclavicular joint, status post arthroscopic decompression with rotator cuff repair, right thumb De Quervain's tenosynovitis, left hand carpal tunnel syndrome, and status post right carpal tunnel release. Past treatments are noted to include medications, injections, and physical therapy. On 01/29/2015, it was noted the injured worker had complaints of discomfort to her right elbow and thumb as well as difficulty performing her activities of daily living (ADLs). Upon physical examination, it was noted the injured worker had significant tenderness to palpation over the lateral epicondyle and a positive Mills test. She had full range of motion to her elbow and was showing signs of lateral epicondylitis. It was also noted that the injured worker had significant tenderness to palpation over the dorsal compartment with pain on radial deviation. She presented with positive Finkelstein's test. Medications were not included in the report. The treatment plan was noted to include right lateral epicondyle release and right DeQuervains release. A request was received for Right lateral epicondyle release, Right DeQuervains release, Associated surgical service: Cold therapy unit, Associated surgical service: Arm sling, Post op physical therapy right elbow QTY: 12.00, Pre op medical clearance as she has failed all conservative modalities. A request for authorization was signed 01/28/2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right lateral epicondyle release: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 604.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 44-49.

Decision rationale: According to the California MTUS/ACOEM Guidelines, surgical consideration may be indicated for those who have significant limitations of activity for more than 3 months; failed to improve despite therapeutic exercise; and clear clinical and electrophysiological imaging evidence noting a lesion. The clinical documentation submitted for review indicated the injured worker has tenderness to palpation. However, there is no documentation regarding functional limitations as it was noted the injured worker had full range of motion. Additionally, there was a lack of evidence noting the failure of previous conservative therapy and furthermore, imaging studies were not provided. Consequently, the request is not supported. As such, the request for Right lateral epicondyle release is not medically necessary.

Right DeQuervain's release: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 271.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 270 and 271.

Decision rationale: According to the California MTUS/ACOEM Guidelines, surgical consideration may be indicated for those who have red flags, failed to respond to conservative treatment, and have clear clinical and special study evidence of a lesion. The clinical documentation submitted for review indicated the injured worker had tenderness to palpation as well as pain with radial deviation. However, there is no clear evidence regarding the failure of conservative treatment and, furthermore, there were no diagnostic studies noting a lesion that would benefit from surgery. Consequently, the request is not supported. As such, the request for Right DeQuervain's release is not medically necessary.

Associated surgical service: Cold therapy unit: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 591.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Shoulder, Continuous-flow cryotherapy.

Decision rationale: As the requested surgical intervention is not supported by the documentation, the requested ancillary service is not supported.

Associated surgical service: Arm sling: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 591.

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

Decision rationale: As the requested surgical intervention is not supported by the documentation, the requested ancillary service is not supported.

Post op Physical Therapy right elbow Qty: 12.00: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

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

Decision rationale: As the requested surgical intervention is not supported by the documentation, the requested ancillary service is not supported.

Pre op medical clearance: 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); Low back chapter.

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, Preoperative testing, general.

Decision rationale: As the requested surgical intervention is not supported by the documentation, the requested ancillary service is not supported.