

Case Number:	CM15-0056757		
Date Assigned:	04/01/2015	Date of Injury:	08/08/2013
Decision Date:	07/30/2015	UR Denial Date:	03/19/2015
Priority:	Standard	Application Received:	03/25/2015

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: New York

Certification(s)/Specialty: Neurological 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 51-year-old female who sustained an industrial injury on 8/8/13. The mechanism of injury was not documented. The 2/6/14 left elbow MRI impression documented moderate common extensor tendinosis with superimposed low-grade intrasubstance partial thickness tearing at the lateral epicondyle, suspect chronic radial collateral ligament sprain, and mild distal biceps tendinosis. The 12/23/14 orthopedic report indicated that the injured worker was last seen on 3/29/14 for bilateral chronic elbow pain, left greater than right. She had been treated with medications in the interim. She had not returned to work. Current subjective complaints included grade 4/10 constant left elbow pain radiating down the arm with burning, numbness and tingling in the long, ring and small fingers. Pain radiated down the medial and lateral forearms and up into the shoulder. Pain increased with gripping, grasping, lifting, and carrying. She was not attending physical therapy or wearing any type of supportive device for the elbow pain/symptoms. Left elbow exam documented normal range of motion, lateral epicondyle tenderness, slight medial epicondyle tenderness, pain on wrist dorsiflexion versus resistance, no ligament laxity, negative Tinel's, normal strength, and intact sensation. The treatment plan recommended home heat/ice, topical analgesic ointment, home exercise program, tennis elbow band, Voltaren gel, Naproxen, and referral for surgery. The 2/18/15 orthopedic cited worsening grade 5/10 left elbow pain radiating into forearm with burning sensation, tingling and numbness into long, ring and small fingers, and pain radiating up into right shoulder and neck. She was not attending physical therapy or wearing any type of support. Physical exam documented left cubital tunnel and lateral epicondyle tenderness, normal range of motion,

positive resisted wrist extension, and positive left Tinel's sign. There was diminished sensation over the left ulnar nerve distribution. Authorization was requested for lateral epicondyle release, autologous hemocyte graft application left elbow, pre-operative medical clearance, pre-operative labs including CBC, BMP, INR, PT, PTT, HgbA1c, urinalysis, and EKG, and chest x-ray. The 3/15/15 treating physician report cited increased left elbow pain not relieved with topical medications. There was left upper extremity tenderness and multiple trigger points from hand to neck. The diagnosis was tennis elbow, cervical radiating, and radial tunnel syndrome. The treatment plan recommended EMG/NCV to rule-out peripheral neuropathy versus cervical radiculopathy, and stat pain management evaluation and treatment for chronic nerve pain and rule-out fibromyalgia. The 3/19/15 utilization review non-certified the lateral epicondyle release and associate surgical requests as there was a lack of detailed documentation relative to conservative treatment failure.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pre-Operative Medical Clearance: 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.

Lateral Epicondyle Release and Autologous Hemocyte Graft Application of the left elbow:
Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): s 44-45. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment Index, 11th Edition (web), 2014, Elbow, Surgery for epicondylitis.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): s 26-27, and 35.

Decision rationale: The California MTUS guidelines recommend surgery on the elbow if there is clear clinical, electrophysiological or imaging evidence of a lesion which has shown benefit from surgical repair both in the short and long term. The documentation does not show this evidence. The guidelines also recommend 12 weeks of treatment with a brace and other conservative modalities including, a home exercise program, heat and cold packs or ultrasound before surgical consideration. Cooperation with such conservative measures is not found in the documentation. The requested treatment of lateral epicondyle release and autologous hemocyte graft application to the left elbow is not medically necessary and appropriate.

Pre-operative CBC, BMP: 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.

Pre-Operative Chest X-Rays: 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.

Pre-operative INR, PT, PTT: 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.

Pre-operative HbgA1C: 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.

Pre-operative Urinalysis: 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.

Pre-operative EKG: 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.