

Case Number:	CM15-0085490		
Date Assigned:	05/12/2015	Date of Injury:	04/24/2013
Decision Date:	08/03/2015	UR Denial Date:	04/23/2015
Priority:	Standard	Application Received:	05/04/2015

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 53 year old female, who sustained an industrial injury on 4/24/2013. She reported elbow pain. The injured worker was diagnosed as having right lateral epicondylitis. Treatment to date has included medications, occupational therapy, and 2 steroid injections. The request is for right lateral epicondyle denervation with excision of posterior branches of posteriors cutaneous, right implantation of posterior branches of positive in cutaneous nerve in deep muscle either brachial radialis or lateral heads of triceps, possible right detachment of extensor carpi radialis brevis, right apply long arm splint for intraoperative use, post-operative therapy, Physician Assistant, Promethazine, Norco, and Keflex. On 1/22/2015, she had the same symptoms as a previous examination and was reported to be working without restrictions. On 3/13/2015, she is reported to continue to be the same with lateral epicondyle discomfort. On 4/9/2015, she reported worsened pain and inability to perform any of her activities of daily living or work without discomfort. The treatment plan included right lateral epicondyle surgery, and therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right lateral epicondyle denervation with excision of posterior branches of posterior cutaneous nerve: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The ODG guidelines do recommend surgical consideration after 12 months of failed conservative therapy for lateral epicondylitis. Documentation does not contain details of twelve months of conservative treatment. Therefore, the request for right lateral epicondyle denervation with excision of posterior branches of posterior cutaneous nerve is not medically necessary and appropriate.

Right implantation of posterior branches of positive cutaneous nerve in deep muscle; either brachial radialis or lateral heads of triceps: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The ODG guidelines do recommend surgical consideration after 12 months of failed conservative therapy for lateral epicondylitis. Documentation does not contain details of twelve months of conservative treatment. Therefore, the request for right implantation of posterior branches of positive cutaneous nerve in deep muscle; either brachial radialis or lateral heads of triceps is not medically necessary and appropriate.

Possible right detachment of extensor carpi radialis brevis: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The ODG guidelines do recommend surgical consideration after 12 months of failed conservative therapy for lateral epicondylitis. Documentation does not contain details of twelve months of conservative treatment. Therefore, the request for possible right detachment of extensor carpi radialis brevis is not medically necessary and appropriate.

Associated surgical service: Right apply long arm splint for intraoperative use: 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.

Promethazine 25mg #40: 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.

Norco 5/325mg #40: 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.

Keflex 500mg #20: 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.

Post-op therapy 2 x 5: 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: PA assistant: 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.