

Case Number:	CM14-0119947		
Date Assigned:	09/16/2014	Date of Injury:	08/28/2013
Decision Date:	10/15/2014	UR Denial Date:	07/18/2014
Priority:	Standard	Application Received:	07/30/2014

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. The expert reviewer is Board Certified in Orthopedic Surgery and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 53-year-old male landscape worker sustained an industrial injury on 8/28/13. The mechanism of injury was not documented. The 12/14/13 right elbow MRI impression documented proximal common extensor tendinopathy with interstitial tears at the epicondylar insertion. There was no surface tear, peritendinous fluid, or tendon retraction present. There was a soft tissue contusion over the olecranon process and medial epicondyle. Records indicated that the patient received a corticosteroid injection on 6/3/14 for a diagnosis of lateral epicondylitis. The 6/11/14 treating physician progress report indicated that the patient had no tenderness along the lateral epicondyle and a negative compression test. Elbow range of motion was full. The patient wished to defer surgery. The treatment plan recommended a different anti-inflammatory and prescribed Ultram. The 7/7/14 treating physician progress report cited continued complaints of right elbow pain. There was no relief with injections. He was unable to work due to no light duty. Records documented the patient was taking no medications. Physical exam documented full range of motion. There was tenderness along the lateral epicondyle and a positive compression test. The treating physician stated the patient had failed conservative treatment over the last several months and recommended a right lateral epicondylar release. The 7/18/14 utilization review denied the right elbow surgery and associated requests as there was a lack of significant objective clinical findings to indicate that the proposed surgery was medically necessary. The 8/7/14 treating physician report cited persistent and severe pain along the right lateral epicondyle. Difficulty was reported with gripping and grasping, and holding objects for a prolonged period of time. No medications were listed. Physical exam documented full range of motion, lateral epicondyle tenderness, positive compression test, and 4/5 extensor carpi radialis brevis weakness. The treatment plan stated that the patient had positive MRI findings and had failed conservative treatment over the past several months.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right elbow lateral epicondylar release: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 35-36. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Elbow Chapter

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 36-37.

Decision rationale: The California MTUS updated ACOEM elbow guidelines state that surgery for lateral epicondylalgia should only be a consideration for those patients who fail to improve after a minimum of 6 months of care that includes at least 3-4 different types of conservative treatment. Although some individuals will improve with surgery for lateral epicondylalgia, at this time there are no published RCTs that indicate that surgery improves the condition over non-surgical options. Guideline criteria have not been met. There is no detailed documentation that comprehensive guideline-recommended conservative treatment had been tried and failed. Records suggest that the patient briefly improved with an injection but there is no documentation of bracing, physical therapy, or exercise. There is no documentation that the patient is taking medications. Therefore, this request is not medically necessary.

Pre-op clearance: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Institute for Clinical Systems Improvement (ICSI). Preoperative evaluation. Bloomington (MN): Institute for Clinical Systems Improvement (ICSI); 2010 Jun. 40p. (26 references) Preoperative Evaluation Algorithm Annotations...

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Practice advisory for preanesthesia evaluation: an updated report by the American Society of Anesthesiologists Task Force on Preanesthesia Evaluation. Anesthesiology 2012 Mar; 116(3):522-38

Decision rationale: As the surgical request is not supported, this request is not medically necessary.

Post-operative Physical Therapy to right elbow 3x per week for 4 weeks: 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 surgical request is not supported, this request is not medically necessary.