

Case Number:	CM14-0123604		
Date Assigned:	08/08/2014	Date of Injury:	04/20/2012
Decision Date:	10/09/2014	UR Denial Date:	07/31/2014
Priority:	Standard	Application Received:	08/05/2014

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 General 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 52 year old male was injured 4/20/12 in a fall whereby he injured several body parts including the right elbow. He complained of immediate pin in the right post elbow and months later numbness and tingling in both hands right greater than left. The right elbow pain is constant and radiates to the lateral arm and to the anterior shoulder. On examination 3/20/13, there was tenderness to palpation of the lateral epicondyles bilaterally; Tinel's was positive on the right at the elbow; there was no pain on resisted dorsiflexion of the wrists with the elbows in full extension. Symptoms are aggravated with activity involving the right elbow. A repeat MRI of the right elbow showed mild lateral epicondylar ligamentous thickening. A steroid injection resulted in a week of benefit. He had ESWT of the right elbow with 2 weeks of benefit. Electrodiagnostic studies of the upper extremities 7/25/13 did not indicate cubital tunnel syndrome. But Tinel's was positive at the cubital tunnel 1/28/14 when a right lateral elbow release was recommended as the patient had failed to improve with steroid injection. Records indicate that he has been on Ultram as well as hydrocodone at times.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 RIGHT LATERAL EPICONDYLECTOMY: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): PAGE 34-5, 35-6.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 34-35.

Decision rationale: A report dated 7/7/14, stated that the patient had had a steroid injection over a year ago and no recent physical therapy but he has had chiropractic, electrical stimulation, hot packs, ice and physical therapy. He also has had ESWT to the right elbow. MRI's and an x-ray have been done. Per American College of Occupational and Environmental Medicine (ACOEM), 3-6 months of conservative management with 3-4 different treatment modalities are necessary before considering surgery for lateral epicondylitis. This patient has had conservative management for his right lateral epicondylitis that included several treatment modalities, none of which provided acceptable benefit. Therefore the request is medically necessary.

9 SESSIONS OF PHYSICAL THERAPY: Overturned

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

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

Decision rationale: My decision is that the issue listed above IS medically necessary. The provider has requested 9 sessions. Nine is less than 12. Therefore, the request for 9 is approved, not modified. The reasons for reversing the prior UR decision are listed in the rationale below. Per California Medical Treatment Utilization Schedule (MTUS), post-surgical physical therapy is recommended up to 12 sessions over 12 weeks status post lateral epicondylitis surgery. Therefore the request is medically necessary.

1 URINE DRUG SCREEN: Overturned

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), Treatment Index, 9th Edition (web)

Decision rationale: Per Official Disability Guidelines (ODG), Treatment Index, 9th Edition (web), four such studies are justified per 12 months unless there is a definite suspicion that is documented as such that the study is medically necessary. This patient has been on both Tramadol and Hydrocodone at times. Therefore, the request for a routine Urinary Drug Screening in this 12 month period is approved

1 PREDISPOSITION GENETICS DRUG TEST: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES

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: Work Loss Data Institute, Official Disability Guidelines 11th Edition, On-line; Chapter on Chronic Pain (Updated 3/21/13), Genetic testing for potential opioid abuse

Decision rationale: Medical evidence-based Guidelines, per Official Disability Guidelines (ODG), Treatment Index, 11th Edition (web), do not support the validity of the results of this study. Therefore, the request for genetic testing for accurate opioid addiction predictability is denied.