

Case Number:	CM14-0124491		
Date Assigned:	08/08/2014	Date of Injury:	11/12/2013
Decision Date:	10/14/2014	UR Denial Date:	07/10/2014
Priority:	Standard	Application Received:	08/06/2014

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 Anesthesiology, has a subspecialty in Pain Management 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:

According to the records made available for review, this is a 59-year-old male with an 11/12/13 date of injury. At the time (5/27/14) of request for authorization for Left Lateral epicondyle denervation by excision of posterior branches of posterior cutaneous nerve, there is documentation of subjective (left lateral elbow pain) and objective (tenderness to palpation throughout mobile wad and lateral epicondyle, decreased grip strength on right, positive resisted wrist flexion test, resisted wrist extension test, resisted long finger extension test, resisted long finger flexion test, resisted pronation test, and resisted supination test on left) findings, imaging findings (MRI Left Elbow (3/19/14) report revealed moderate grade partial tear of the left common extensor tendon with severe underlying tendinosis and 2.5 cm ganglion cyst in proximal fibers of left extensor digitorum muscle), current diagnoses (left lateral epicondylitis), and treatment to date (steroid injection, NSAIDs, tennis elbow band, activity modifications, and physical therapy).

IMR ISSUES, DECISIONS AND RATIONALES

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

Left Lateral epicondyle denervation by excision of posterior branches of posterior cutaneous nerve: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guideline (ODG) Treatment Workers Compensation (TWC) Elbow Surgery

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 35-36. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Elbow, Surgery for epicondylitis

Decision rationale: MTUS reference to ACOEM guidelines identifies documentation of failure to improve after a minimum of 6 months of care that includes at least 3-4 different types of conservative treatment, as criteria necessary to support the medical necessity of surgery for lateral epicondylitis. ODG identifies documentation of chronic lateral epicondylitis after failure of conservative treatment (such as NSAIDs, elbow bands/straps, activity modification, or PT exercise programs; and failure of at least one type of injection), as criteria necessary to support the medical necessity of surgery for lateral epicondylitis. Within the medical information available for review, there is documentation of a diagnosis of left lateral epicondylitis. In addition, there is documentation of failure to improve after a minimum of 6 months of care (NSAIDs, tennis elbow band, activity modifications, and physical therapy and steroid injection). Therefore, based on guidelines and a review of the evidence, the request for Left Lateral epicondyle denervation by excision of posterior branches of posterior cutaneous nerve is medically necessary.

Implantation pf posterior branches of posterior cutaneous nerve into brachioradialis:
Overturned

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 35-36. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Elbow, Surgery for epicondylitis

Decision rationale: MTUS reference to ACOEM guidelines identifies documentation of failure to improve after a minimum of 6 months of care that includes at least 3-4 different types of conservative treatment, as criteria necessary to support the medical necessity of surgery for lateral epicondylitis. ODG identifies documentation of chronic lateral epicondylitis after failure of conservative treatment (such as NSAIDs, elbow bands/straps, activity modification, or PT exercise programs; and failure of at least one type of injection), as criteria necessary to support the medical necessity of surgery for lateral epicondylitis. Within the medical information available for review, there is documentation of a diagnosis of left lateral epicondylitis. In addition, there is documentation of failure to improve after a minimum of 6 months of care (NSAIDs, tennis elbow band, activity modifications, and physical therapy and steroid injection). Therefore, based on guidelines and a review of the evidence, the request for Implantation of posterior branches of posterior cutaneous nerve into brachioradialis is medically necessary.

Keflex 500mg #12: 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 Other Medical Treatment Guideline or Medical Evidence: Title 8, California Code of Regulations, section 9792.20; <http://www.drugs.com/pro/keflex.html>

Decision rationale: MTUS and ODG do not address this issue. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. Medical Treatment Guideline supports pre- and peri-operative antibiotics for up to 24 hours in uncomplicated cases. Within the medical information available for review, there is documentation of a diagnosis of left lateral epicondylitis. In addition, there is documentation of a surgery that is medically necessary. Therefore, based on guidelines and a review of the evidence, the request for Keflex 500mg #12 is medically necessary.