

Case Number:	CM14-0080012		
Date Assigned:	07/18/2014	Date of Injury:	12/19/2013
Decision Date:	12/18/2014	UR Denial Date:	05/22/2014
Priority:	Standard	Application Received:	05/30/2014

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 is a 50 years old male with a 12/19/13 injury date. A 1/26/14 right elbow MRI revealed a partial tear of the common extensor tendon origin of the right lateral epicondyle. In a 4/25/14 note, the patient did not report any improvement with a recent trial of naproxen medication. Objective findings included exquisite tenderness about the lateral epicondyle and pain with resisted wrist and long finger extension. In a 4/10/14 note, the patient complained of constant moderate right elbow pain. Objective findings included moderate tenderness about the right lateral epicondyle, pain with resisted extension of the wrist and long finger, and normal neurovascular exam. Diagnostic impression: right lateral epicondylitis. Treatment to date: medications. A UR decision on 5/22/14 denied the request for right elbow fasciotomy, debridement, and repair because there had been insufficient time and conservative treatment modalities to necessitate right elbow surgery. The request for post-op physical therapy was denied because the associated procedure was not certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right elbow fasciotomy, debridement and repair: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Treatment in Workers Compensation/Disability Duration Guidelines. Elbow (acute & chronic). Surgery for epicondylitis

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 603-606.

Decision rationale: CA MTUS states that conservative care should be maintained for a minimum of 3-6 months prior to considering surgery; and there remains controversy over the benefit of surgical intervention over medical treatment or untreated controls, particularly when numerous studies have documented the tendency for the condition to spontaneously improve over time. However, there has not been sufficient time since the original injury or documentation of conservative treatment modalities to justify the proposed surgery at this point. It appears that the only treatment so far has been a 2-week trial of naproxen. For surgical treatment to be considered, there would need to be at least 3-6 months of physical therapy. Since this condition almost always improves with enough time and conservative management, other modalities would be encouraged as well including rest, ice, stretching, strengthening, cortisone injections, and wrist splinting. Although the right elbow MRI showed partial tearing of the extensor origin, this by itself is not an indication for debridement, fasciotomy, and repair unless a significant trial of conservative treatment has been exhausted. Therefore, the request for right elbow fasciotomy, debridement, and repair is not medically necessary.

Post-op physical therapy 2x 4: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Lateral epicondylitis/Tennis elbow

Decision rationale: CA MTUS supports 12 physical therapy sessions over 12 weeks after the surgical treatment of lateral epicondylitis. However, the associated procedure was not certified. Therefore, the request for post-op physical therapy 2 x 4 is not medically necessary.