

Case Number:	CM13-0063712		
Date Assigned:	12/30/2013	Date of Injury:	07/17/2013
Decision Date:	04/15/2015	UR Denial Date:	11/20/2013
Priority:	Standard	Application Received:	12/10/2013

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: Anesthesiology

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 54-year-old male, with a reported date of injury of 07/17/2013. The diagnoses include left elbow lateral epicondylitis. Treatments included an MRI of the left elbow on 10/22/2013 and oral medications. The progress report dated 10/24/2013 indicates that the injured worker presented for an orthopedic re-evaluation of his left shoulder and right knee. The MRI of the left elbow showed no evidence of stress fracture, synovitis, osteochondral injury, ligament tear, or sprain. A physical examination of the left shoulder showed tenderness to palpation along the lateral epicondyle, along the extensor mass proximal insertion, and positive wrist extension. The treating physician requested left elbow open lateral epicondylar debridement with repair of extensor mass, twelve postoperative physical therapy sessions, a sling, and medical clearance. The rationale for the request was not indicated. On 11/20/2013, Utilization Review (UR) denied the request for left elbow open lateral epicondylar debridement with repair of extensor mass, twelve postoperative physical therapy sessions, a sling, and medical clearance. The UR physician noted that it was unclear whether other attempts at conservative treatment had been tried and failed; and the without certification of the surgery, the need for the associated requests is not supported. The MTUS Chronic Pain Guidelines, the ACOEM Guidelines, and the non-MTUS Official Disability Guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

LEFT ELBOW OPEN LATERAL EPICONDYLAR DEBRIDEMENT WITH REPAIR OF EXTENSOR MASS: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

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

Decision rationale: According to the ODG, surgery is recommended for chronic lateral epicondylitis after 12 months of failed conservative treatment. Conservative measures work over 95% of the time, but when they fail, surgical management may be indicated. Treatment involves rest, ice, stretching, strengthening (PT exercise programs to increase range of motion and strength of the musculature around the elbow), and activity modification to allow for maladaptive change. In addition, conservative treatment includes NSAIDs, elbow bands/straps, and cortisone injections. Any activity that hurts on extending or pronating the wrist should be avoided. With healing, strengthening exercises are recommended. Currently, there are no published controlled trials of surgery for lateral elbow pain. Without a control, it is impossible to draw conclusions about the value of surgery. Generally, surgical intervention may be considered when other treatments fail, but over 95% of patients with tennis elbow can be treated without surgery. In this case, the injury is four months old and the only documented treatments to date were six sessions of physical therapy. It is unclear whether other attempts at conservative treatment have been tried and failed. Medical necessity for the requested service is not established. The requested surgery is not medically necessary.

POST-OPERATIVE PHYSICAL THERAPY, TWELVE SESSIONS: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints.

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

Decision rationale: Without certification for the requested surgical procedure, left elbow open lateral epicondylar debridement with repair of extensor mass, the need for post-operative physical therapy (PT) (x 12 sessions) is not supported. Medical necessity for the requested PT sessions is not established. The requested services are not medically necessary.

A SLING: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management, Chapter 10 Elbow Disorders (Revised 2007). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Surgery for epicondylitis.

Decision rationale: Without certification for the requested surgical procedure, left elbow open lateral epicondylar debridement with repair of extensor mass, the need for a post-operative sling is not supported. Medical necessity for the requested item is not established. The requested item is not medically necessary.

MEDICAL CLEARANCE: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 1 Prevention.

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

Decision rationale: Without certification for the requested surgical procedure, left elbow open lateral epicondylar debridement with repair of extensor mass, the need for pre-operative medical clearance is not supported. Medical necessity for the requested service is not established. The requested medical clearance is not medically necessary.