

Case Number:	CM14-0218952		
Date Assigned:	01/09/2015	Date of Injury:	05/08/2014
Decision Date:	03/18/2015	UR Denial Date:	12/08/2014
Priority:	Standard	Application Received:	12/30/2014

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. 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: Neurological Surgery

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 46 year old female suffered an industrial injury on 5/8/14, with subsequent persistent right elbow pain. Magnetic resonance imaging of the right elbow (7/28/14) showed tendinopathy changes of the common extensor tendon at its attachment to the lateral epicondyle consistent with lateral epicondylitis as well as mild degenerative changes of the radiocapellar joint and a partial intrasubstance tear. EMG of bilateral upper extremities (7/24/14) was normal. The injured worker was diagnosed with right lateral and medial epicondylitis. Treatment included medications and right lateral elbow injections that provided temporary relief. In a PR-2 dated 11/18/14, the injured worker complained of persistent right elbow pain that was made better with rest and medication. The injured worker was not working but was authorized to return to modified duty limiting lifting to 5 pounds. Physical exam was remarkable for right elbow with tenderness to palpation to the right elbow over the medial and lateral epicondyles with decreased range of motion and decreased strength at 4/5 with flexion and extension. The treatment plan included right elbow lateral epicondyle debridement, Tramadol 50mg every eight hours as needed for pain and Ibuprofen 800mg one table every eight hours as needed for pain. On December 6, 2014, Utilization Review noncertified a request for right elbow lateral epicondylar debridement with pre-op clearance (CBC/PT/PTT/INT/CHEM7/US/CXR/EKG/H&P), post-operative occupational therapy 3x4 for right elbow and surgery medication (Norco 10/325 mg q 6 #30) citing CA MTUS/ACOEM: A_ Surgical considerations for lateral epicondylalgia guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Post operative occupational therapy 3x4 for right elbow: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation Page(s): 17.

Decision rationale: The Medical Treatment utilization schedule of the California MTUS guidelines indicates the the recommendations for post-operative physical medicine treatment is 12 visits over twelve weeks. The request exceeds this recommendation. Moreover, utilization review did not approve the requested operation of epicondylar debridement. The ODG guidelines note in the Elbow chapter that over 95 per cent of patients improve without surgery.

Norco 10/325mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 91.

MAXIMUS guideline: Decision based on MTUS ACOEM,Chronic Pain Treatment Guidelines Short-acting opioids Page(s): 75.

Decision rationale: According to California MTUS guidelines Norco is a short acting opioid. Usually Norco 10 is supplied with acetaminophen 500 mg. The duration of action is 3-4 hours. The requested prescription for the worker to take the medication every six hours as needed would leave a window of 2-3 hours without analgesia.