

Case Number:	CM15-0014179		
Date Assigned:	02/02/2015	Date of Injury:	01/05/2009
Decision Date:	03/23/2015	UR Denial Date:	12/23/2014
Priority:	Standard	Application Received:	01/26/2015

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: Illinois, California, Texas
 Certification(s)/Specialty: Orthopedic 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:

The injured worker is a 50 year old female, who sustained an industrial injury on 1/5/09. The diagnoses have included chronic right medial epicondylitis, bilateral forearm tendinitis, and trapezial and periscapular strain. Past surgical history was positive for right lateral epicondylar repair, right carpal tunnel release with ulnar nerve decompression at wrist, revision left carpal tunnel release with hypothenar flap, left wrist arthroscopy with synovectomy, and left medial lateral epicondylar repair. She underwent right elbow arthrotomy with synovectomy, right partial lateral epicondylectomy, and secondary repair of the right extensor carpi radialis brevis tendon on 9/4/14. She was doing well after 12 physical therapy sessions, lacking only 5 degrees of extension. She complained of persistent right medial elbow pain. Records documented that the patient had been treated for over a year for right medial epicondylitis with occupational therapy, corticosteroid injection, topical ointments, oral anti-inflammatories, splinting, activity modification, and TENS unit. On 12/23/14 Utilization Review non-certified right medial epicondylar repair and, noting the most recent surgery was 3 months prior and conservative care should be maintained for a minimum of 6-12 months and additional post-op occupational therapy, noting she is doing well after 12 physical therapy sessions. The MTUS, ACOEM Guidelines, (or ODG) was cited. On 12/24/14, the injured worker submitted an application for IMR for review of right medial epicondylar repair and additional post-op occupational therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right medial epicondylar repair: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 240. Decision based on Non-MTUS Citation PUBMED: Radiographics. 2010 Jan;30(1):167-84. doi: 10.1148/rg.301095078; Epicondylitis: pathogenesis, imaging, and treatment; WalzDM1, Newman JS, Konin GP, Ross G

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 35-36.

Decision rationale: The California MTUS updated ACOEM elbow guidelines state that surgery for medial epicondylalgia should only be a consideration for those patients who fail to improve after a minimum of 6 months of care that includes at least 3-4 different types of conservative treatment. However, there are unusual circumstances in which, after 3 months of failed conservative treatment, surgery may be considered. Guideline criteria have been met. This patient presents with right medial epicondylitis with associated clinical exam findings. The right medial elbow symptoms have been refractory to over 12 months of comprehensive guideline-recommended conservative non-operative treatment. Therefore, this request is medically necessary.

Additional post op occupational therapy 2 times 6 weeks right elbow QTY: 12: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 16-18.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 16-17.

Decision rationale: The California Post-Surgical Treatment Guidelines for lateral epicondylitis suggest a general course of 12 post-operative physical medicine visits over 12 weeks during a 6-month post-surgical treatment period. Post-surgical treatment for ECRB repair was recommended 10 visits over 4 months. If it is determined that additional functional improvement can be accomplished after completion of the general course of therapy, physical medicine treatment may be continued up to the end of the postsurgical period. Guideline criteria have not been met. The patient underwent right elbow arthrotomy, synovectomy, partial lateral epicondylectomy, and extensor carpi radialis brevis (ECRB) repair on 9/4/14. Records indicate that 24 post-op occupational therapy visits have been certified. Records documented that the lateral elbow was doing well post-operatively and only lacked 5 degrees of extension. The occupational therapy records documented difficulty with further progress due to on-going significant medial epicondyle and cubital tunnel tenderness. A home pain management and exercise program were documented. There is no compelling reason to support on-going supervised occupational therapy for the lateral elbow surgery over an independent home management and exercise program at this time. Additional surgical intervention to address the right elbow was pending. Therefore, this request is not medically necessary.

