

Case Number:	CM15-0110655		
Date Assigned:	06/17/2015	Date of Injury:	06/11/2012
Decision Date:	08/18/2015	UR Denial Date:	06/05/2015
Priority:	Standard	Application Received:	06/09/2015

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:

This injured worker is a 56-year-old female who sustained an industrial injury on 6/11/12, relative to repetitive work activities. Past surgical history was positive for gastric bypass. She was diagnosed with right lateral epicondylitis and deQuervain's tenosynovitis. She underwent release of the right 1st dorsal compartment and accessory compartment with synovectomy of the abductor pollicis longus and extensor pollicis brevis on 11/9/14. Conservative treatment for the right elbow included Norco, Tramadol, bracing, occupational therapy, physical therapy, Naproxen, work modification, and steroid injection. The 5/5/15 treating physician report cited a recurrence of right lateral epicondyle pain over the past year due to bilateral hand use lifting objects and typing on a keyboard at work. Right lateral epicondylitis surgery had previously been recommended and denied in utilization review, but was supported by a medical legal evaluation. Physical exam documented tenderness to light touch over the right lateral epicondyle and the insertion of the extensor carpi radialis brevis. There was also percussion tenderness over the right lateral epicondyle. Grip and pinch strength was diminished on the right. Resisted right wrist supination and extension, and resisted long finger extension were positive. The diagnosis was lateral epicondyle. A diagnostic injection was performed to the right elbow with relief of symptoms and improvement in grip strength. The injured worker had failed conservative treatment. Authorization was requested for right lateral epicondyle denervation with excision of the posterior branches of the posterior cutaneous nerve, and implantation of posterior branches of positive in cutaneous nerve in deep muscle, either brachial radials or lateral head of triceps, and possible detachment of extensor carpal radialis brevis from incision site if indicated at the time of

surgery, application of a right long arm splint (intraoperative use), and prescriptions for Cipro 500 mg #10 with no refills and Norco 5/325 mg #40 with no refills. The 6/5/15 utilization review non-certified the requests for right lateral epicondyle denervation with excision of the posterior branches of the posterior cutaneous nerve, and implantation of posterior branches of positive in cutaneous nerve in deep muscle, either brachial radials or lateral heap of triceps, as not medically necessary in addition to extensor carpi radialis brevis detachment and long arm splint application which was being certified. The request for Cipro 500 mg #10 with no refills was not indicated as there was not a high incidence of infection with this surgery. The request for Norco 5/325 mg #40 with no refill was non-certified as this was not an appropriate opioid for the treatment of post-operative pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right Lateral Epicondyle Denervation with Excision of Posterior Branches of Posterior Cutaneous Nerve: Overturned

Claims Administrator 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: Elbow Chapter (online version), Surgery for Epicondylitis.

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 lateral 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 injured worker presents with a 3-year history of right lateral epicondylitis, with recalcitrant symptoms. Clinical exam findings support the diagnosis. Detailed evidence of over 12 months of reasonable and/or comprehensive non-operative treatment and failure has been submitted. There are persistent functional difficulties with work activities. Therefore, this request is medically necessary.

Right Implantation of Posterior Branches of Positive in Cutaneous Nerve in Deep Muscle, Either Brachioradialis or Lateral Hear of Triceps: Overturned

Claims Administrator 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: Elbow Chapter (online version), Surgery for Epicondylitis.

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 lateral 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 injured worker presents with a 3-year history of right lateral epicondylitis, with recalcitrant symptoms. Clinical exam findings support the diagnosis. Detailed evidence of over 12 months of reasonable and/or comprehensive non-operative treatment and failure has been submitted. There are persistent functional difficulties with work activities. Therefore, this request is medically necessary.

Cipro 500mg, #10 with 0 refills: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Infectious Diseases Chapter (online version): Skin & Soft Tissue Infections (SSTI) and on WebMD.com.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Bratzler DW, Dellinger EP, Olsen KM, Perl TM, Auwaerter PG, Bolon MK, Fish DN, Napolitano LM, Sawyer RG, Slain D, Steinberg JP, Weinstein RA. Clinical practice guidelines for antimicrobial prophylaxis in surgery. Am J Health Syst Pharm. 2013 Feb 1; 70(3): 195-283.

Decision rationale: The California MTUS does not provide guidance for post-operative antibiotics. The National Guideline Clearinghouse was searched. Clinical practice guidelines state that antimicrobial prophylaxis is not recommended for patients undergoing clean orthopedic procedures, including knee, hand, and foot procedures; arthroscopy; and other procedures without instrumentation or implantation of foreign materials. The requested surgery meets guideline criteria for post-operative antibiotic use. Therefore, this request is medically necessary.

Norco 5/325mg, #40 with 0 refills: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Hydrocodone/Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use, Hydrocodone/acetaminophen Page(s): 76-80, 91.

Decision rationale: The California Medical Treatment Utilization Schedule guidelines support the use of opioids on a short term basis for acute pain. Guidelines recommend Norco for moderate to moderately severe pain on an as needed basis with a maximum dose of 8 tablets per day. Short-acting opioids, also known as normal-release or immediate-release opioids, are seen as an effective method in controlling both acute and chronic pain. Guideline criteria have been met for the post-operative use of Norco. Therefore, this request is medically necessary.