

Case Number:	CM15-0121143		
Date Assigned:	07/01/2015	Date of Injury:	04/10/2013
Decision Date:	08/26/2015	UR Denial Date:	05/28/2015
Priority:	Standard	Application Received:	06/23/2015

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: Minnesota, Florida
 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 49 year old female, who sustained an industrial injury on 4/10/2013. She reported injuring her right elbow while lifting a box. Diagnoses have included chronic, severe, lateral epicondylitis of the lateral epicondylar region. Treatment to date has included medication. Magnetic resonance imaging (MRI) of the right elbow from 4/13/2015 showed low grade lateral epicondylitis. According to the re-examination report dated 5/6/2015, the injured worker was doing poorly. She had progressive pain about the lateral aspect of her right elbow with marked weakness. The injured worker was noted to be in marked distress. She had tenderness about the lateral aspect of her right elbow. Authorization was requested for lateral release right elbow and associated services: physician assistant, interferential unit 30 day rental, post-operative physical therapy and a cold therapy unit purchase.

IMR ISSUES, DECISIONS AND RATIONALES

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

Associated Service: Assistant PA: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Surgeons. Assistants at Surgery 2013 study.

Decision rationale: The surgical procedure, lateral release of the elbow for chronic epicondylalgia, is a relatively simple procedure that does not require a surgical assistant. As such, the request for an Assistant PA is not supported and the medical necessity of the request has not been substantiated.

Post-op physical therapy 3 x 4, right elbow: Upheld

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

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

Decision rationale: California MTUS post-surgical treatment guidelines recommend 10 visits over 4 months for a lateral elbow release. The initial course of therapy is one half of these visits which is 5. Then with documentation of continuing functional improvement a subsequent course of therapy of the remaining 5 visits may be prescribed. The request as stated is for 12 visits which exceeds the guideline recommendations and as such, the medical necessity of the request has not been substantiated.

Associated Service: IF unit, 30 day rental: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Interferential Current Stimulation (ICS).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Interferential current stimulation Page(s): 118.

Decision rationale: With respect to the request for interferential electrical stimulation, California MTUS chronic pain guidelines do not recommend interferential current as an isolated intervention. There is no quality evidence of effectiveness except in conjunction with recommended treatments, and limited evidence of improvement on those recommended treatments alone. As such, the guidelines do not recommend interferential current stimulation and the medical necessity of the request has not been substantiated.

Associated Service: Cold therapy unit, purchase: 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), Shoulder Chapter, Continuous flow cryotherapy.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG: Section: Shoulder; Topic: continuous flow cryotherapy.

Decision rationale: ODG guidelines recommend continuous-flow cryotherapy as an option after surgery for 7 days. It reduces pain, swelling, inflammation, and the need for narcotics after surgery. Use beyond 7 days is not recommended. The request as stated is for purchase which is not recommended. As such, the medical necessity of the request has not been substantiated.