MAXIMUS Federal Services

Case Number:	CM15-0174178		
Date Assigned:	09/16/2015	Date of Injury:	03/24/2014
Decision Date:	10/16/2015	UR Denial Date:	08/18/2015
Priority:	Standard	Application Received:	09/04/2015

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: California, Oregon, Washington
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 60-year-old male, who sustained an industrial injury on 03-24-2014. He has reported subsequent neck, right shoulder and right arm pain and was diagnosed with neck pain, cervical radiculopathy, lateral epicondylitis of the elbow, carpal tunnel syndrome, and right shoulder pain, osteoarthritis of the shoulder and right rotator cuff tear. MRI of the right elbow dated 03-20-2015 showed moderate common extensor tendinosis with interstitial tearing of the proximal fibers and mild bone marrow edema at the lateral epicondyle. Treatment to date has included oral pain medication, Cortisone injections, 20 visits of physical therapy for the right shoulder, home exercise program, application of ice and surgery. Physical therapy and home exercise program were noted to help improve range of motion and pain. In a progress note dated 07-15-2015 the injured worker reported pain on the right side, right elbow pain with decreased mobility, loss of range of motion and swelling, tightness and discomfort in the right forearm as well as swelling in the 2nd and 3rd digits of the right hand. Objective examination findings showed tenderness over the lateral epicondyle of the right elbow and pain over the extensor tendon origin with resisted wrist and long finger extension. The physician noted that an injection was tried during the last visit which did not seem to provide significant benefit and that a TENEX procedure would be scheduled. The injured worker was noted to be off work. A request for authorization of repair of right elbow perc TENEX procedure and 12 visits of post-operative physical therapy was submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Repair of right elbow perc TENEX procedure: 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), Elbow (Acute & Chronic) TX1 (Tenex), Surgery for epicondylitis.

MAXIMUS guideline: Decision based on MTUS Elbow Complaints 2007, Section(s): Lateral Epicondylalgia. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Elbow section, Surgery for epicondylitis.

Decision rationale: CA MTUS/ACOEM Elbow chapter, page 35 recommends a minimum of 3-6 months of conservative care prior to contemplation of surgical care. ODG, Elbow section, Surgery for epicondylitis, recommends 12 months of non-operative management with failure to improve with NSAIDs, elbow bands/straps, activity modification and physical therapy program. In addition, there should be failure of injection into the elbow to relieve symptoms. In this case, there is insufficient evidence of failure of conservative care of 12 months to warrant a lateral epicondylar release. Therefore, determination is not medically necessary.

Associated surgical services: Post-op physical therapy 12 visits: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Elbow Complaints 2007, Section(s): Lateral Epicondylalgia. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Elbow section, Surgery for epicondylitis.

Decision rationale: As the requested surgical procedure is not medically necessary, none of the associated services is medically necessary and appropriate. This review presumes that a surgery is planned and will proceed. There is no medical necessity for this request if the surgery does not occur.