

Case Number:	CM15-0022729		
Date Assigned:	02/12/2015	Date of Injury:	02/01/2013
Decision Date:	04/01/2015	UR Denial Date:	01/29/2015
Priority:	Standard	Application Received:	02/06/2015

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

Certification(s)/Specialty: Orthopedic Surgery, Sports Medicine

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 48-year-old female who reported an injury on 02/01/2013. The mechanism of injury was not specifically stated. The injured worker is currently diagnosed with right lateral epicondylitis. On 01/09/2015, the injured worker presented for a followup evaluation. The injured worker noted an improvement in right shoulder symptoms; however, reported ongoing pain in the right shoulder. The injured worker was status post an injection into the right common extensor origin on 11/06/2014, which lasted for 6 weeks. Lateral epicondylitis has failed conservative therapy. Recommendations included an ECRB debridement. The risks, benefits, and alternatives were discussed with the injured worker at that time. Upon examination, there was tenderness over the lateral epicondyle, pain with wrist extension against resistance, negative Tinel's sign, and negative tenderness over the medial epicondyle. The injured worker was utilizing Naprosyn, Prilosec, and Flexeril on a regular basis. The right common extensor origin was again injected with Depo-Medrol and Marcaine. The injured worker was instructed to return in 1 month for a re-evaluation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Surgery Extensor Carpi Radial Brevis Debridement, for The Right Elbow Quantity: 1:
Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 36. Decision based on Non-MTUS Citation Official Disability Guidelines, Elbow Chapter.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 44-49.

Decision rationale: The California MTUS/ACOEM Practice Guidelines state a referral for surgical consultation may be indicated for patients who have significant limitations of activity, failure to improve with exercise programs, and who have clear clinical and electrophysiologic or imaging evidence of a lesion. For lateral epicondylalgia, conservative care should be maintained for a minimum of 3 to 6 months. In this case, it was noted that the injured worker had participated in a previous course of physical therapy. However, it is unclear whether the injured worker participated in physical therapy for the right elbow. It was noted that the injured worker was status post right shoulder surgery and had been conservatively treated with physical therapy for the right shoulder. Without evidence of a recent attempt at 3 to 6 months of conservative therapy, the current request cannot be determined as medically appropriate at this time.

Physical Therapy-Post-Op Two Times A Week For Four Weeks, In Treatment of The Right Shoulder Status Post Arthroscopy Quantity: 8: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 27.

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.