

<b>Case Number:</b>	CM15-0033287		
<b>Date Assigned:</b>	04/01/2015	<b>Date of Injury:</b>	07/17/2013
<b>Decision Date:</b>	05/13/2015	<b>UR Denial Date:</b>	02/12/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/23/2015

### 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: California

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 59-year-old male who reported an injury on 07/17/2013. His mechanism of injury was shoveling. His diagnoses included lateral epicondylitis. His treatments have included physical therapy, pain medication, and work modification. Diagnostic studies included x-rays, an MRI of the left elbow, and another set of x-rays to his left shoulder and left elbow. His surgical history included an extensor release to his left elbow in 11/2014. The injured worker had complaints of constant pain in the left shoulder, at times becoming sharp and throbbing pain. The pain travels to his arm and hand. He has clicking and grinding sensation in the left shoulder and complains of stiffness. His pain increases with reaching, pushing, pulling, lifting, and when swinging his arm when walking. The patient complains of constant pain in the left elbow, associated with stiffness. He complains of limited mobility of his elbow. He also has weakness in the left elbow and arm. His pain travels to his forearm. He has loss of grip in the left hand. His pain increases with pushing, pulling, and lifting. He has difficulty sleeping and awakens with pain and discomfort. Objective physical exam findings include the injured worker had difficulty grasping something off the shelf at eye level and overhead, difficulty with pushing and pulling, difficulty with gripping, grasping, holding, and manipulating objects, a lot of difficulty with forceful activities of the arms and hands. No difficulty with kneeling, bending, or squatting. Pain is moderate at the moment and moderate most of the time. It does not interfere with his ability to travel or social activities. His medications include Norco and Flexeril. The treatment plan recommend of lateral release of the left elbow. The rationale for the request is not included in the medical record. The Request for Authorization is signed and dated in the medical record.

## IMR ISSUES, DECISIONS AND RATIONALES

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

### **Diagnostic and Operative Left Shoulder with Acromioplasty, Possible Biceps Tendon Tenodesis, Possible Mumford Procedure and Possible PASTA Repair: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints. Decision based on Non-MTUS Citation ODG Indications for Surgery- Partial Claviclectomy; Shoulder (Acute and Chronic).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Elbow, Surgery for epicondylitis.

**Decision rationale:** The Official Disability Guidelines state that criteria for lateral epicondylar release for chronic lateral epicondylalgia state that surgery is recommended for chronic lateral epicondylitis as indicated, after 12 months of failed conservative treatment. Conservative measures work over 95% of the time, but when they fail, surgical management may be indicated. Almost all patients respond to conservative measures, and do not require a surgical intervention. Most patients improve with non-operative measures, such as activity modification, physical therapy, and injections. The criteria include limit to persistent symptoms that interfere with activities that have not responded to an appropriate period of nonsurgical treatment, over 95% recover with conservative treatment. 12 months of compliance with non-operative management: failure to improve with NSAIDs, elbow bands/straps, activity modification, and a PT exercise program to increase range of motion and strength of the musculature around the elbow. There was a lack of documentation regarding non-operative conservative measures including elbow bands/straps, activity modification, and physical therapy. Therefore, the request is not medically necessary.

**Assistant Surgeon:** 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 Official Disability Guidelines (ODG) Low Back, Surgical assistant.

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

**Post-Operative Physical Therapy (12-sessions):** Upheld

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

**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.

**Lab Tests (CBC, CMP, PT/PTT, UA, EKG):** Upheld

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

**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.

**Chest X-Ray:** Upheld

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

**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.

**Associated Surgical Service: Shoulder Sling (purchase):** Upheld

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

**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.

**Associated Surgical Service: Shoulder Sling (purchase):** Upheld

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

**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.

**Associated Surgical Service: Cold Therapy Unit (purchase): Upheld**

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

**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.

**Associated Surgical Service: IF Unit (1-month rental): Upheld**

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

**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.