MAXIMUS Federal Services

Case Number:	CM15-0062294		
Date Assigned:	04/08/2015	Date of Injury:	12/07/2012
Decision Date:	06/29/2015	UR Denial Date:	03/10/2015
Priority:	Standard	Application Received:	04/01/2015

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 57-year-old male who sustained an industrial injury on 12/7/12. The mechanism of injury was not documented. Past medical history was positive for hypertension, pulmonary embolism, and diabetes. The 9/5/14 orthopedic evaluation report indicated that the injured worker was status post arthroscopic loose body removal surgery. He was being seen for a second opinion regarding total elbow replacement. He had right elbow pain and weakness. He had lost the grip strength in his hands. He reported the elbow did catch at times and his range of motion was limited. Physical exam documented that the ulnar nerve subluxed to the epicondyle but not over. He had full extension and flexion to 125 degrees. Pronation and supination was good. He had lateral epicondylar tenderness. The flexor carpi nerves were weak, abductor digiti minimi was weaker, and flexor digitorum profundus to the small finger was weaker than index. Radiographs showed osteoarthritis of the radial head, and a small osteophyte. He had an osteophyte by the coronoid fossa of his humerus. The tip of the olecranon had some hypertrophy. The treatment plan noted nerve weakness and his hand was sensate. An EMG/nerve conduction study was recommended to assess for possible diabetic neuropathy. A CT scan of the elbow was recommended. The 10/27/14 right elbow CT scan impression documented advanced osteoarthritis of the right elbow joint, particularly in the articulation between the capitellum and radial head where there was a complete loss of articular cartilage and bone-on-bone appearance. There were prominent osteophytes projecting from the distal humerus as well as proximal ulna. There was small joint effusion. The 11/10/14 electrodiagnostic study documented no evidence of right cubital or carpal tunnel syndrome, ulnar neuropathy of the right cubital tunnel or Guyon’s canal, or generalized peripheral neuropathy. The 2/27/15 treating physician report documented a diagnosis of right lateral epicondylitis with cubital tunnel syndrome. Physical exam documented right elbow

tenderness to palpation, moderate lateral epicondyle swelling, and positive Cozen's test. Authorization was requested for right elbow arthroscopic debridement, pre-operative clearance, post-operative physical therapy 3 times a week for 4 weeks right elbow, and Coolcare cold therapy unit purchase. The 3/10/15 utilization review non-certified the right elbow arthroscopic debridement with associated surgical requests as the provided records did not contain the operative surgeon's report with information supporting the surgical request. The chiropractic report did not document sufficient physical exam findings or medical rationale to support the request. Records indicated that a subsequent request by the orthopedic specialist for arthroscopic right elbow debridement and excisions of osteophytes, radial head excision, and anconeus myoplasty was certified with modification from an inpatient to outpatient procedure on 4/1/15.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right elbow arthroscopy debridement: 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 (updated 02/27/15).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 34-37, 43.

Decision rationale: The California MTUS guidelines recommend surgical consideration when there are significant limitation of activity for more than 3 months, failure to improve with exercise programs to increase range of motion and strength of the musculature around the elbow; or clear, clinical and electrophysiologic or imaging evidence of a lesion that has been shown to benefit in both the short and long term from surgical repair. Guidelines support debridement of inflammatory or scarred tissue for patients with epicondylalgia if conservative treatment fails. MTUS guidelines state that surgery for ulnar nerve entrapment requires establishing a firm diagnosis on the basis of clear clinical evidence and positive electrical studies that correlate with clinical findings. Guideline criteria have not been met. This patient presented with significant right elbow pain and functional loss with underlying advanced osteoarthritic changes. The requesting report documented findings suggestive of lateral epicondylitis and a diagnosis of lateral epicondylitis and cubital tunnel syndrome. There is no electrodiagnostic evidence of ulnar neuropathy. Detailed evidence of a recent, reasonable and/or comprehensive non-operative treatment protocol trial for epicondylitis and failure has not been submitted. Additional work-ups were pending and current reports from the orthopedic surgeon were not submitted. Records indicated that a subsequent request submitted by the orthopedic surgeon was approved for arthroscopic right elbow debridement and excisions of osteophytes, radial head excision, and anconeus myoplasty. There is no compelling rationale for additional certification at this time. Therefore, this request is not medically necessary.

Pre-operative clearance: 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.

Post-operative physical therapy 3 times a week for 4 weeks right elbow: 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: Coolcare 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 base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Elbow: Cold packs.

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