

Case Number:	CM15-0093401		
Date Assigned:	05/19/2015	Date of Injury:	02/28/2012
Decision Date:	07/07/2015	UR Denial Date:	05/12/2015
Priority:	Standard	Application Received:	05/14/2015

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 46-year-old female who sustained an industrial injury on 2/28/12. Injury occurred when she was the driver of a bus involved in a head-on motor vehicle accident. Injuries were reported to the neck and both upper extremities. Past medical history was positive for right lateral elbow debridement, and bilateral carpal tunnel release. Review of the treating physician progress reports from 12/2/14 to 3/31/15 did not detail conservative treatment and response. The 4/28/15 treating physician report cited complaints of neck, bilateral elbow, and bilateral wrist pain. Her main problem was her left elbow, which was aggravated by repeated use of her hand and bus driving. Physical exam documented cervical spine tenderness to palpation with 80% normal motion. She had tenderness to palpation over the lateral aspect of her left elbow increased with resisted wrist extension. The assessment was cervical sprain/strain, left lateral epicondylitis, and status post right lateral elbow debridement for tennis elbow. Authorization was requested for left elbow debridement and repair, post-operative physical therapy 2 times per week for 6 weeks for the left elbow, abduction sling, cold therapy unit, and pre-operative clearance including labs, EKG, and chest x-ray. The 5/2/15 utilization review non-certified the request for left elbow debridement and repair and associated surgical requests as there was no documentation of failure of conservative care for the elbow condition, especially corticosteroid injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

Debridement and Repair of the Left Elbow: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 40-46.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 35-36.

Decision rationale: The California MTUS updated ACOEM elbow guidelines state that surgery for lateral epicondylalgia should only be a consideration for those patients who fail to improve after a minimum of 6 months of care that includes at least 3-4 different types of conservative treatment. However, there are unusual circumstances in which, after 3 months of failed conservative treatment, surgery may be considered. Guideline criteria have not been met. There is no detailed documentation that recent comprehensive pharmacologic and non-pharmacologic conservative treatment had been tried consistent with guidelines for at least 6 months and had failed. There is no detailed evidence of functional limitations. Therefore, this request is not medically necessary at this time.

Post-Operative Physical Therapy (12-sessions, 2 times a week for 6 weeks): 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: Abduction Sling: 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: 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.

Pre-Operative Clearance: Labs, EKG and 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.