

Case Number:	CM15-0098752		
Date Assigned:	06/01/2015	Date of Injury:	06/19/2012
Decision Date:	07/07/2015	UR Denial Date:	04/23/2015
Priority:	Standard	Application Received:	05/21/2015

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:

The injured worker is a 42-year-old female who sustained an industrial injury on 6/19/12. The mechanism of injury was not documented. Conservative treatment was documented in the progress reports provided to include physical therapy and chiropractic to the right shoulder. The 3/11/15 right elbow MRI impression documented moderate elbow joint effusion, no evidence of ligament or tendon tear, and no significant soft tissue abnormality identified. The 3/19/15 treating physician report cited continued pain, relieved with medications and home exercise program. Right elbow exam documented tenderness to palpation at the lateral and medial epicondyles, decreased and painful range of motion, and positive effusion. Imaging showed right elbow effusion and partial tendon tear. The diagnosis was right medial epicondylitis, bilateral carpal tunnel syndrome, and rotator cuff tendinitis. The treatment plan recommended physical therapy right elbow 2x6. The injured worker was capable of modified work. The 4/17/15 treating physician report cited no change or increase in elbow pain, and discomfort with range of motion. Activities of daily living were decreased and range of motion was limited. Right elbow exam documented tenderness to palpation at the medial epicondyle, positive swelling, and decreased strength. Right shoulder exam documented positive Neer's and Hawkin's tests, decreased range of motion 110/110/L1, and increased pain with range of motion. The diagnosis included right medial epicondylitis, bilateral carpal tunnel syndrome, and bilateral rotator cuff tendinitis. The treatment plan recommended right elbow epicondylar release, pre-operative clearance (CBC, UA, Chem 7, x-ray, and EKG, and post-op physical therapy 2x6. The injured worker was reported capable of modified duty. Authorization was requested for right epicondyle release surgery with CBC, UA, Chem 7, and EKG, X-ray, pre-operative physical therapy, and post-operative physical therapy 2x6. The 4/23/15 utilization review non-certified the right epicondylar release surgery as there was no documentation of medial versus lateral, no detailed evidence that guideline-recommended conservative treatment had been exhausted, and

no detailed clinical exam findings.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right Epicondyle Release Surgery: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 240. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

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

Decision rationale: The California MTUS updated ACOEM elbow guidelines state that surgery for medial or 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 over 3 months and had failed. A recent physical therapy request was noted for the right elbow with no documentation of response to this care. Therefore, this request is not medically necessary.

Associated surgical service: CBC, UA, Chem7, 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.

Associated surgical service: 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.

Pre-operative physical therapy: 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 2x6: 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.