
Notice of Independent Medical Review Determination

Dated: 8/30/2013

[REDACTED]

[REDACTED]

[REDACTED]

Employee:

Claim Number:

Date of UR Decision:

Date of Injury:

IMR Application Received:

MAXIMUS Case Number:

[REDACTED]

7/2/2013

1/30/2013

7/9/2013

CM13-0001066

- 1) MAXIMUS Federal Services, Inc. has determined the request for right elbow common extensor debridement and repair **is not medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for post-operative physical therapy (2 times a week for 6 weeks) **is not medically necessary and appropriate.**

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 7/9/2013 disputing the Utilization Review Denial dated 7/2/2013. A Notice of Assignment and Request for Information was provided to the above parties on 7/10/2013. A decision has been made for each of the treatment and/or services that were in dispute:

- 1) MAXIMUS Federal Services, Inc. has determined the request for right elbow common extensor debridement and repair **is not medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for post-operative physical therapy (2 times a week for 6 weeks) **is not medically necessary and appropriate.**

Medical Qualifications of the Expert Reviewer:

The independent Medical Doctor who made the decision has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Orthopaedic Surgery and is licensed to practice in California. 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 treatments and/or services at issue.

Case Summary:

Disclaimer: The following case summary was taken directly from the medical report by [REDACTED] dated June 14, 2013.

Mr. [REDACTED] informs me that on January 30, 2013, he was pushing open a heavy door while entering the locker room in the basement of the [REDACTED] in [REDACTED]. As he was turning to see what was going on behind him, he forcefully placed his full weight against the heavy door which he was pushing with his right hand. This caused immediate right elbow pain as well as a shock-like sensation radiating to his right hand.

Mr. [REDACTED] reported his injury and was referred to the [REDACTED] occupational clinic. Films were obtained which were normal. Mr. [REDACTED] was subsequently prescribed a course of conservative treatment and recommended light-duty work. This included medication and physical therapy.

Mr. [REDACTED] remained symptomatic, and a magnetic resonance scan was obtained, revealing an interstitial tear of the common extensor tendon at the right elbow. Mr. [REDACTED] subsequently chose to continue his care with [REDACTED] M.D. Dr. [REDACTED] recommended surgery for the right elbow as well as electrodiagnostic tests to evaluate the right ulnar nerve. To my knowledge, these were not authorized.

Documents Reviewed for Determination:

The following relevant documents received from the interested parties and the documents provided with the application were reviewed and considered. These documents included:

- Application for Independent Medical Review
- Utilization Review Determination by [REDACTED] (dated 7/2/13)
- Medical Records by [REDACTED] (dated 1/31/13 to 2/25/13)
- Medical Records by [REDACTED] (dated 6/14/13 to 7/11/13)
- MRI Report by [REDACTED] (dated 2/7/13)
- Medical Records by [REDACTED], M.D. (dated 4/2/13 to 5/2/13)
- ACOEM – Chapter 10: Elbow Complaints, pages 238-242
- Postsurgical Treatment Guidelines (2009), Elbow & Upper Arm section
- Official Disability Guidelines (ODG) – Elbow Chapter, Surgery sections

1) Regarding the request for right elbow common extensor debridement and repair:

Medical Treatment Guideline(s) Relied Upon by the Expert Reviewer to Make His/Her Decision:

The Claims Administrator did not cite a guideline in its utilization review decision. The provider did not reference a guideline. The Expert Reviewer relied on the American College of Occupational and Environmental Medicine (ACOEM) Guidelines, 2nd Edition (2007 Revision) – pages 44-49, which are part of the California Medical Treatment Utilization Schedule.

Rationale for the Decision:

The employee was injured on 1/30/2013 while pushing open a heavy door. The employee experienced right elbow pain and a shock-like sensation that radiated to the right hand. Treatment to date has included medication and physical therapy. A request was submitted for right elbow common extensor debridement and repair.

An MRI report included in the medical records submitted reveals that the common extensor origin to the right elbow is thickened and there are edematous changes. There is also deep margin interstitial tearing noted, but no full-thickness tear is noted. The adjacent lateral ulnar collateral ligament and radial collateral ligament proper are intact. The common flexor tendon is intact. No full-thickness tearing is noted. Diagnosis based on the MRI was acute strain with tendinitis of the common extensor tendon origin with area of interstitial tearing, commonly known as epicondylitis.

The MTUS ACOEM Guidelines address lateral epicondylitis. The ACOEM Guidelines indicate there should be failure to improve range of motion and strength of the musculature around the elbow with exercise programs to increase range of motion and strength of the musculature around the elbow as well as clear clinical and electrophysiological or imaging evidence of a lesion. There were no physical therapy notes submitted that show objective failure of conservative measures, and an electrodiagnostic study dated 07/11/2013 was considered a normal study of the right upper extremity. Additionally, the ACOEM Guidelines state that at this time there are no published randomized controlled studies that indicate surgery is warranted for this condition. The request for right elbow common extensor debridement and repair is not medically necessary and appropriate.

2) Regarding the request for post-operative physical therapy (2 times a week for 6 weeks):

Medical Treatment Guideline(s) Relied Upon by the Expert Reviewer to Make His/Her Decision:

The Claims Administrator did not cite a guideline in its utilization review decision. The provider did not reference a guideline. The Expert Reviewer relied on the Postsurgical Treatment Guidelines (2009), Elbow & Upper Arm section, which is part of the California Medical Treatment Utilization Schedule.

Rationale for the Decision:

The employee was injured on 1/30/2013 while pushing open a heavy door. The employee experienced right elbow pain and a shock-like sensation that radiated to the right hand. Treatment to date has included medication and physical therapy. A request was submitted for post-operative physical therapy (2 times a week for 6 weeks).

This is a request for post-operative physical therapy. The surgical procedure is not considered medically necessary. The records submitted do not indicate failure of conservative measures such as physical therapy or strengthening exercises. The request for post-operative physical therapy (2 times a week for 6 weeks) is not medically necessary and appropriate.

Effect of the Decision:

The determination of MAXIMUS Federal Services and its physician reviewer is deemed to be the final determination of the Administrative Director, Division of Workers' Compensation. With respect to the medical necessity of the treatment in dispute, this determination is binding on all parties.

In accordance with California Labor Code Section 4610.6(h), a determination of the administrative director may be reviewed only if a verified appeal is filed with the appeals board for hearing and served on all interested parties within 30 days of the date of mailing of the determination to the employee or the employer. The determination of the administrative director shall be presumed to be correct and shall be set aside only upon proof by clear and convincing evidence of one or more of the grounds for appeal listed in Labor Code Section 4610.6(h)(1) through (5).

Sincerely;

Richard C. Weiss, MD, MPH, MMM, PMP
Medical Director

cc: Department of Industrial Relations
Division of Workers' Compensation
1515 Clay Street, 18th Floor
Oakland, CA 94612

/dj

Disclaimer: MAXIMUS is providing an independent review service under contract with the California Department of Industrial Relations. MAXIMUS is not engaged in the practice of law or medicine. Decisions about the use or nonuse of health care services and treatments are the sole responsibility of the patient and the patient's physician. MAXIMUS is not liable for any consequences arising from these decisions.