MAXIMUS FEDERAL SERVICES, INC.
Independent Medical Review
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MAXIMUS Federal Services

Notice of Independent Medical Review Determination

Dated: 11/13/2013

Employee:	
Claim Number:	
Date of UR Decision:	7/22/2013
Date of Injury:	10/12/2010
IMR Application Received:	8/1/2013
MAXIMUS Case Number:	CM13-0005717

1) MAXIMUS Federal Services, Inc. has determined the request for **right elbow decompression is not medically necessary and appropriate.**

2) MAXIMUS Federal Services, Inc. has determined the request for **post-op physical therapy 1x12 is not medically necessary and appropriate.**

3) MAXIMUS Federal Services, Inc. has determined the request for **pre-op labs/HGB/urine pregnancy is not medically necessary and appropriate.**

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 8/1/2013 disputing the Utilization Review Denial dated 7/22/2013. A Notice of Assignment and Request for Information was provided to the above parties on 8/21/2013. 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 decompression is not medically necessary and appropriate.**

2) MAXIMUS Federal Services, Inc. has determined the request for **post-op physical therapy 1x12 is not medically necessary and appropriate.**

3) MAXIMUS Federal Services, Inc. has determined the request for **pre-op labs/HGB/urine pregnancy 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 Orthopedic 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.

Expert Reviewer Case Summary:

The patient is a 34-year-old female who reported an injury on 10/12/2010. A clinical note dated 02/15/2013 reported that the patient had been diagnosed with carpal tunnel syndrome, cubital tunnel syndrome, and lateral epicondylitis. Nerve conduction studies performed on 01/06/2011 were negative by Dr. [redacted]. Nerve conduction studies performed on 04/08/2011 by Dr. [redacted] were positive for right carpal tunnel syndrome. The patient is noted to have treated with nocturnal splints at the wrist and elbow, NSAIDs, counterforce brace, activity modification, physical therapy, and steroid injections of the right lateral epicondyle; and is noted to have undergone a 08/09/2011 right carpal tunnel release and cubital tunnel release. The patient is noted to have developed a postoperative infection on 08/22/2011, which was treated with an I&D of the right palm. The patient was placed on Levaquin. The patient is noted to have received additional steroid injections in the right upper lateral epicondyle on 12/05/2011 and 01/23/2012, and to have undergone an additional surgery on 04/17/2012 for a right ECRB tendon debridement and release. An MRI of the right elbow reported to have been performed on 10/19/2012 showed mild changes of osteoarthritis, mild synovial effusion, and common extensor tendinosis. The patient is reported to continue to complain of significant pain in her right elbow, which seems to be at multiple places with pain deep in the joint, pain still at the lateral epicondyle, and pain in the proximal forearm musculature along the mobile wad. Upon physical examination, the patient is noted to have 4/10 constant pain along the lateral edge of the olecranon, 8/10 pain along the ECRB tendon origin of the lateral epicondyle, and 6/10 pain of the

supraspinatus muscle. The patient is noted on 06/14/2012 to continue to stretch her right lateral epicondylar and dorsal forearm. The patient reported pain was worsening in the dorsal forearm. Diagnostic studies performed on 04/19/2013 noted an impression of normal right upper extremity nerve conduction studies and right upper limb and right cervical paraspinal muscle needle examination. A clinical note dated 07/10/2013 noted the patient reported no relief with lateral epicondyle injections and in fact, the patient reported an adverse reaction with swelling resulting in a scab and eschar, which had currently resolved. The patient reported persistent and worsening pain 4 cm to 5 cm distal to the lateral epicondyle. On physical examination, the patient was noted to have healed surgical incisions with minimal tenderness over the lateral epicondyle, tenderness at 4 cm distal to the epicondyle, pain with resisted supination, no pain with resisted pronation, and mild pain with resisted extension. The patient was reported to have findings consistent with radial tunnel syndrome. The paitent had not responded to injections of the epicondyle. The doctor stated that this is typically a diagnosis of exclusion and a request was submitted for exploration and decompression of the posterior interosseous nerve of the right elbow.

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 of Independent Medical Review
- Utilization Review Determination
- Medical Records from Claims Administrator
- Medical Treatment Utilization Schedule (MTUS)

1) **Regarding the request for right elbow decompression:**

   <u>Section of the Medical Treatment Utilization Schedule Relied Upon by the Expert Reviewer to Make His/Her Decision</u>
   The Claims Administrator based its decision on the ACOEM Guidelines and the Official Disability Guidelines.

   The Expert Reviewer based his/her decision on the American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004), Elbow Disorders, Surgical Considerations, which is a part of the MTUS, as well as Wheeless' Textbook of Orthopaedics, Online Version. Posterior Interosseous Nerve Compression Syndrome, which is not a part of the MTUS.

Rationale for the Decision:
The California MTUS Guidelines state that surgery is indicated for significant limitations of activities for 3 months, failure to improve with exercise program to improve range of motion and strength around the musculature, and clear clinical, electrophysiological, or imaging evidence of a lesion that is shown to benefit in both the short and long term from a surgical repair. California MTUS Guidelines do not address the posterior interosseous nerve compression syndrome. The patients have tenderness over the lateral epicondyle and almost always have tenderness more distally over the arcade of Frohse, and the pain is almost always experienced with resisted supination of the forearm, and frequently with resisted pronation. They state that most patients will have pain with resisted extension of the extensors of the middle finger and the patient will be unable to extend the thumb or the other digits at the MCP joint. Pain is relieved by blocking the posterior interosseous nerve 3 cm proximal to the wrist joint, by injecting approximately 1 cm ulnar to the Lister's tubercle. As there is no indication that the employee has undergone a successful block of the posterior interosseous nerve, the requested posterior interosseous nerve decompression does not meet guideline recommendations.**Based on the above, the requested right elbow decompression is not medically necessary nor appropriate.**

2) **Regarding the request for post-op physical therapy 1x12:**

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

3) **Regarding the request for pre-op labs/HGB/urine pregnancy:**

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

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,

Paul Manchester, MD, MPH
Medical Director

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

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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.