

<b>Case Number:</b>	CM13-0057640		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	06/21/2003
<b>Decision Date:</b>	06/17/2014	<b>UR Denial Date:</b>	11/17/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/25/2013

### 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. The expert 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 disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 60-year-old female who reported an injury to both her elbows. The utilization review dated 11/17/13 resulted in denials for a fasciectomy at both elbows, postoperative physical therapy, a cold compression vasotherm device, Diclofenac, and Tramadol as the surgical request did not appear to be clinically appropriate for this patient. The additional requests as part of the postoperative care were rendered non-certified as well. The clinical note dated 01/29/13 indicates the injured worker complaining of left elbow pain. There is an indication that the injured worker has previously undergone a cubital tunnel release on the left. The injured worker continued with complaints of tenderness over the medial epicondyle. Tenderness was also identified over the lateral epicondyle as well. A positive Tinel's was identified at the right median nerve. The injured worker also described tenderness over the right medial epicondyle and right lateral epicondyle. No significant range of motion deficits were identified. The note indicates the injured worker utilizing Anaprox for pain relief at that time. The clinical note dated 03/05/13 indicates the injured worker continuing with bilateral elbow pain. Tenderness continued at the lateral epicondyles in both elbows. The clinical note dated 08/20/13 indicates the injured worker being recommended for a left elbow fasciectomy. The note indicates the injured worker having undergone an injection of Lidocaine and Kenalog at that time.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**ONE (1) LATERAL EPICONDYLAR FASCIECTOMY OF THE BILATERAL ELBOWS: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 35-37.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Elbow Disorders Chapter (ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 10), Page 603-604.

**Decision rationale:** The documentation indicates the injured worker complaining of bilateral elbow pain. An epicondylar fasciectomy is indicated at the lateral region provided the injured worker meets specific criteria to include completion of all conservative treatments. There is an indication that the injured worker has undergone a recent injection at the left elbow. However, no information was submitted regarding the injured worker's conservative treatments to include bracing, activity modifications, or formal therapy addressing the bilateral elbow complaints. Given this factor, the request for a lateral epicondyle fasciectomy of both elbows is not indicated as medically necessary.

**UNKNOWN POST-OP PHYSICAL THERAPY SESSIONS: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Postsurgical Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Postsurgical Treatment Guidelines.

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

**ONE (1) VASCUTHERM 4 WITH DEEP VEIN THROMBOSIS (DVT) COLD COMPRESSION RENTAL: 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), Knee & Leg (Acute and Chronic).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder Chapter, Compression Device.

**Decision rationale:** The request for a vascutherm deep vein thrombosis (DVT) cold compression rental is not medically necessary. The use of a vascutherm device is indicated provided the injured worker meets specific criteria to include confirmation of the potential for a DVT. No information or previous studies were submitted regarding the injured worker's risk of DVT.

**PRESCRIPTION OF DICLOFENAC XR 100MG: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain (Chronic).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, NSAIDs, Specific Drug List & Adverse Effects Page(s): 70-71.

**Decision rationale:** The clinical notes indicate the injured worker has been utilizing Diclofenac. However, no information was submitted regarding the injured worker's response to the use of this medication. Therefore, this request is not indicated.

**PRESCRIPTION OF TRAMADOL 150MG, #30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Guidelines, Opioids, Specific Drug List, Tramadol Page(s): 93-94.

**Decision rationale:** There is an indication the injured worker has previously been utilizing Tramadol. Continued use is indicated provided the injured worker meets specific criteria to include a positive response to the use of this medication. No information was submitted regarding the injured worker's response to include any objective data. Therefore, this request for Tramadol is not medically necessary.