

Case Number:	CM13-0003464		
Date Assigned:	07/02/2014	Date of Injury:	09/29/2008
Decision Date:	07/30/2014	UR Denial Date:	06/29/2013
Priority:	Standard	Application Received:	07/25/2013

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 Hand Surgery and is licensed to practice in Texas. 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 62-year-old female who reported an injury on 09/29/2008. The mechanism of injury was not specifically stated. The current diagnoses include chronic pain syndrome, cervical spondylosis, left shoulder impingement with partial rotator cuff tear, upper extremity entrapment neuropathy, obesity, and right lumbar radiculopathy. The latest Physician's Progress Report submitted for this review is documented on 03/18/2013. The injured worker reported an improvement in symptoms following a cervical epidural steroid injection. Physical examination revealed decreased cervical range of motion with decreased sensation in the left upper extremity. The treatment recommendations at that time included continuation of the current medication regimen and a home exercise program. It is also noted that the injured worker underwent an electromyography and nerve conduction study on 12/04/2012, which indicated moderate median sensory neuropathy at the wrist.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left lateral epicondyle release of the left elbow: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 44-49.

Decision rationale: The MTUS/ACOEM Guidelines indicate that a referral for surgical consultation may be indicated for patients who significant limitations of activity for more than three (3) months, a failure to improve with exercise programs, and clear clinical and electrophysiologic or imaging evidence of a lesion. The injured worker does not appear to meet criteria as outlined by the guidelines. There is no documentation of a physical examination of the elbow. There is also no mention of an exhaustion of conservative treatment to include exercise programs. There were no imaging studies provided for this review. There was no electrophysiologic evidence of a lesion. Based on the clinical information received and the guidelines, the request is not medically necessary.