

Case Number:	CM13-0013067		
Date Assigned:	10/03/2013	Date of Injury:	02/17/2009
Decision Date:	01/21/2014	UR Denial Date:	08/07/2013
Priority:	Standard	Application Received:	08/19/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she 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 physician 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.

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 patient was injured in a work related accident on 02/17/09 sustaining an injury to the right elbow. Clinical records include a recent electrodiagnostic study report to the upper extremities dated 06/09/11 showing an abnormal finding with bilateral ulnar nerve entrapment at the elbow. There was also an MRI scan specific to the right elbow dated 04/20/09 showing slight edema at the medial epicondyle with a mild elbow joint effusion and a small amount of a bone marrow edema to the olecranon at the distal humerus. The claimant's most recent clinical report for review is a 07/15/13 assessment indicating continued complaints of right elbow and shoulder pain since the date of injury. The records show that the claimant has undergone two prior elbow procedures, one an elbow arthroscopy and the second a debridement with continued complaints of pain specific to the lateral aspect of the elbow. It states recent care including physical therapy and two prior corticosteroid injections have not provided benefit. Physical examination showed prior arthroscopic portal sites as well as a healed incision medially from a previous ulnar nerve transposition. The claimant is currently with a negative Tinel's sign, pain with terminal extension and forced extension. This current diagnosis is that of elbow arthritis with radiographs demonstrating degenerative changes to the right elbow at that time. The plan at present was for a surgical arthroscopy with debridement as well an open extensor carpi radialis brevis (ECRB) release. Further indications of care and recent treatment were not noted.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 right posterior elbow arthroscopic debridement & open ECRB (extensor carpi radialis brevis): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 34-35.

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

Decision rationale: Based on California MTUS/ACOEM Guidelines, the proposed surgical intervention for epicondylitis cannot be indicated after three months of failed conservative care. Taken into account needs to be the claimant's two prior surgical processes already utilized to the elbow. It would be unclear at present as to why a third arthroscopic intervention and debridement with release of the ECRB would be indicated at this stage in the claimant's chronic course of care given prior surgical processes already noted without documentation of recent imaging of the elbow with the last clinical MRI scan of 2009. At this stage in the claimant's chronic course of care, it is unclear as to the necessity for a third surgical process for the elbow based on California MTUS/ACOEM Guidelines.