

Case Number:	CM13-0018684		
Date Assigned:	10/11/2013	Date of Injury:	10/06/2008
Decision Date:	08/06/2014	UR Denial Date:	07/30/2013
Priority:	Standard	Application Received:	08/30/2013

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 Pennsylvania. 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 claimant is a 43-year-old female who sustained a vocational injury, described as cumulative trauma, while working as a clerk from 09/11/03 through 10/06/08. The medical records provided for review document prior surgery for the right wrist and right shoulder. The claimant's current working diagnosis was left cubital tunnel syndrome, which was improved as well as bilateral lateral epicondylitis, left greater than right. The office report dated 07/03/13 noted symptoms of numbness and tingling, which had improved. She also complained of right elbow pain, which had improved and left elbow pain, which had not improved. On examination of the left elbow, she had full range of motion and tenderness at the lateral epicondylar region. Positive wrist extensor stress test was noted. There was a negative Tinel's at the medial elbow. There was negative elbow flexion test. Abductor pollicis brevis and first dorsal interosseous strength were noted to be 5/5 and the claimant was noted to be grossly neurovascularly intact. Conservative treatment to date includes oral medication as well as topical medications to include antiinflammatories, physical therapy, chiropractic treatment, TENS unit and splinting. EMGs were performed on 05/24/13 of the upper extremities and were noted to be within normal limits. The current request is for a left lateral epicondylar repair.

IMR ISSUES, DECISIONS AND RATIONALES

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

LEFT LATERAL EPICONDYLAR REPAIR: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 35 AND 36.

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

Decision rationale: The California ACOEM Guidelines note that surgical intervention for lateral epicondylitis should be reserved for extremely rare cases. Prior to considering surgical intervention, there should be continuous treatment for a minimum of three to six months prior to considering, recommending and proceeding with surgical intervention. Current documentation does not support that the claimant has had recent continuous conservative treatment prior to considering and recommending surgical intervention. In addition, there is a lack of documented functional and vocational deficiencies, which would necessitate surgical intervention. Therefore, based on the documentation presented for review and in accordance with California MTUS ACOEM Guidelines, the request for left lateral epicondyle repair cannot be considered medically necessary.

PRE-OPERATIVE MEDICAL CLEARANCE AND BASIC LAB TESTS, FOR PREOPERATIVE EVALUATION: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 7, Independent Medical Examination and Consultations, page 127.

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