

Case Number:	CM13-0019099		
Date Assigned:	10/11/2013	Date of Injury:	04/18/2013
Decision Date:	02/06/2014	UR Denial Date:	08/07/2013
Priority:	Standard	Application Received:	09/03/2013

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 Orthopaedic 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. 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 48-year-old female who was injured in a work related accident on April 18, 2013 with no documented mechanism with current complaints of left elbow pain. Recent clinical assessment for review dated July 5, 2013 indicated orthopedic assessment of [REDACTED] for complaints of left elbow pain and a diagnosis of lateral epicondylitis, chronic, failing conservative management. It states that at the time the claimant had undergone physical therapy as well as two corticosteroid injections without improvement and is with MRI evidence of lateral epicondylitis with common extensor tearing. Surgical intervention in the form of a common extensor release and lateral epicondylectomy was discussed and requested

IMR ISSUES, DECISIONS AND RATIONALES

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

Left common extensor release awith epicondylectomy: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 603-606.

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

Decision rationale: Based on California ACOEM Guidelines, lateral epicondylar surgery in this case would not be indicated. Guideline criteria recommend the role of six months of conservative

care including at least three to four different types of modalities before proceeding with intervention. The requested surgery was on July 5, 2013 which was only three months from the claimant's date of work related accident. The specific request at that short duration from injury would not have been supported given lack of documentation of six full months of conservative measures to date.