

Case Number:	CM13-0019991		
Date Assigned:	11/08/2013	Date of Injury:	02/04/2013
Decision Date:	03/17/2014	UR Denial Date:	08/27/2013
Priority:	Standard	Application Received:	09/04/2013

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 Physical Medicine and Rehabilitation and is licensed to practice in Texas and Oklahoma. 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 patient is a 58-year-old female who reported an injury on 02/04/2013. The patient reported burning pain in the inner aspect of her right elbow while operating a swiveling dust mop. The patient is currently diagnosed with medial and lateral epicondylitis. The patient was seen by [REDACTED] on 09/17/2013. The patient reported right elbow pain. Physical examination revealed tenderness to palpation with active, pain-free range of motion. Treatment recommendations included a medial and lateral epicondylar release with scar excision and microfracture.

IMR ISSUES, DECISIONS AND RATIONALES

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

Medical Epicondylar Release, Scar Excision and Microfracture: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 44-49. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Elbow Chapter, Surgery for epicondylitis.

Decision rationale: Chronic Pain Medical Treatment Guidelines/ACOEM Practice Guidelines state referral for surgical consultation may be indicated for patients who have significant limitations of activity for more than 3 months, failure to improve with exercise programs, and

clear clinical and electrophysiologic or imaging evidence of a lesion that has been shown to benefit from surgical repair. Official Disability Guidelines state surgery for epicondylitis is limited to severe entrapment neuropathies. As per the documentation submitted, there is no objective evidence of severe entrapment neuropathy. There were no imaging studies or electrodiagnostic reports submitted for review. The patient's physical examination only revealed tenderness to palpation. The patient demonstrated active, normal pain-free range of motion of bilateral upper extremities. There is also no documentation of a failure to improve with NSAIDS (non-steroidal anti-inflammatory drugs), elbow bands/straps, activity modification, and physical therapy exercise programs. There was no documentation of a failure to respond to 1 type of an injection. Based on the clinical information received, the request is non-certified

Post-Operative Physical Therapy treatment, 12 sessions: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

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