

Case Number:	CM13-0020943		
Date Assigned:	12/13/2013	Date of Injury:	04/22/2011
Decision Date:	02/07/2014	UR Denial Date:	07/16/2013
Priority:	Standard	Application Received:	07/27/2013

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. 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 22, 2011. Specific to the claimant's right elbow, clinical records indicate a May 2, 2013 assessment with [REDACTED] where the claimant is noted to be with an examination showing pain about the right wrist with a positive Tinel sign bilaterally at the elbow. It indicates that previous review of electrodiagnostic studies showed positive right ulnar nerve entrapment signs. The assessment states that based on failed conservative care and clinical presentation on that date and with continued subjective pain to the fourth and fifth digits for "three years," that surgical process in the form of a cubital tunnel procedure for decompression would be recommended. At present, there is a surgical request for a right elbow medial epicondylectomy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right elbow medial epicondylectomy: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 239-240.

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

Decision rationale: The ACOEM Guidelines' criteria for surgery for medial epicondylitis indicate a failure of conservative care of greater than three months with firm establishment of the diagnosis is necessary. The medical records provided for review in this case fail to demonstrate a specific diagnosis of medial epicondylitis in a claimant who appears to be in treatment for a chronic complaint of cubital tunnel related symptoms. The specific surgical request which does not appear to fit the claimant's clinical picture does not appear to be indicated. The request for a right elbow medial epicondylectomy is not medically necessary and appropriate.