

Case Number:	CM13-0032390		
Date Assigned:	12/11/2013	Date of Injury:	05/01/2001
Decision Date:	02/05/2014	UR Denial Date:	09/26/2013
Priority:	Standard	Application Received:	10/07/2013

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, has a subspecialty in Shoulder and Elbow 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 patient is a 56-year-old male who reported an injury on 05/01/2001 due to repetitive motion while performing normal job duties. The patient's treatment to date included 2 left shoulder arthroscopic surgeries which failed to improve the patient's condition, activity modification, pain medications, physical therapy, injections, and bracing. The patient underwent an MRI of the left elbow that revealed findings consistent with biceps tendon tendinopathy and a possible partial tear with mild degenerative changes of the radiocapitellar joint and mild to moderate tendinopathy of the triceps tendon. The patient's most recent clinical exam findings of the left elbow included a positive Tinel's sign and 5/10 radiating left wrist pain. The patient's diagnoses included a cervical spine strain, left upper extremity radiculopathy, impingement of the left shoulder, cubital tunnel syndrome of the left elbow, and left wrist TFCC. The patient's treatment plan included left lateral release of the left elbow and impingement syndrome surgery of the left shoulder.

IMR ISSUES, DECISIONS AND RATIONALES

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

LATERAL RELEASE OF THE LEFT ELBOW: Overturned

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 44-45.

Decision rationale: The requested lateral release of the left elbow is medically necessary and appropriate. The clinical documentation submitted for review does provide evidence that the patient has physical deficits related to lateral epicondylitis that is supported by an imaging study and have failed to respond to multiple conservative therapies to include physical therapy, anti-inflammatory medications, shockwave therapy, and activity modifications. American College of Occupational and Environmental Medicine recommends surgical intervention when the patient has failed to improve with exercise programs and there is clear clinical and electrophysiological or imaging evidence of a lesion that would benefit from surgical repair. As such, the requested lateral release of the left elbow would be medically necessary and appropriate.