

Case Number:	CM13-0032402		
Date Assigned:	03/28/2014	Date of Injury:	02/16/2012
Decision Date:	08/25/2014	UR Denial Date:	09/27/2013
Priority:	Standard	Application Received:	10/07/2013

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 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 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:

This is a 49-year-old female who sustained a vocational injury on 2/16/12. The report of the 8/13/13 office visit noted diagnoses of right elbow medial epicondylitis, carpal tunnel syndrome, and shoulder pain. Physical examination revealed tenderness and spasm over the paravertebral muscles of the upper back and limited shoulder range of motion with motor or sensory deficit. The office note is, however, for the most part illegible; the diagnosis of right medial epicondylitis was able to be deciphered. The report of the EMG/NCV dated 3/28/13 was noted to be a normal EMG/NCV of the bilateral upper extremities. This request is for right elbow medial epicondylitis surgery.

IMR ISSUES, DECISIONS AND RATIONALES

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

RIGHT ELBOW MEDIAL EPICONDYLITIS SURGERY: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 40.

Decision rationale: Based on the ACOEM Guidelines, the request for right elbow medial epicondylitis surgery cannot be recommended as medically necessary. There is a lack of documentation of subjective complaints or abnormal physical examination objective findings

establishing the medical necessity of the requested procedure. The records document the electordiagnostic studies are normal. In addition, there is a lack of documentation that the claimant has attempted, failed, and exhausted conservative treatment prior to recommending and proceeding with surgical intervention. Based on the documentation presented for review and in accordance with California MTUS ACOEM Guidelines, the request for the right elbow medial epicondylitis surgery cannot be considered medically necessary.