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| Case Number: | CM13-0038639 | | |
| Date Assigned: | 12/18/2013 | Date of Injury: | 12/16/2011 |
| Decision Date: | 02/26/2014 | UR Denial Date: | 09/26/2013 |
| Priority: | Standard | Application Received: | 10/25/2013 |

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 plastic surgery, and is licensed to practice in Oregon. 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:

This patient has a history of an electrocution injury. He now complains of constant right elbow pain that radiates to his wrist and hand. He has a burning sensation in his elbow. His symptoms are aggravated by activities of daily living. He is depressed. Nerve conduction testing performed on 1/17/12 shows mild ulnar nerve compression at the elbow. His surgeon recommends medial epicondylectomy and ulnar nerve transposition.

IMR ISSUES, DECISIONS AND RATIONALES

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

Medial epicondylectomy: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Section on Elbow Pain/Epicondylitis.

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

Decision rationale: According to the ACOEM guidelines, Elbow, page 36, "Thus, surgery for medial epicondylalgia should only be a consideration for those patients who fail to improve after a minimum of 6 months of care that includes at least 3-4 different types of conservative treatment. However, there are unusual circumstances in which, after 3 months of failed conservative treatment, surgery may be considered." This patient has had persistent symptoms

for at least 18 months despite conservative treatment including electrical stimulation, shockwave treatments, physical therapy and bracing. He meets the ACOEM guidelines for surgical treatment of his medial epicondylitis.