

Case Number:	CM13-0042829		
Date Assigned:	12/27/2013	Date of Injury:	05/31/2012
Decision Date:	03/12/2014	UR Denial Date:	10/16/2013
Priority:	Standard	Application Received:	10/18/2013

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 & Rehabilitation, has a subspecialty in Pain Management and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working least at 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 78 year old female with a date of injury of 05/31/2012. The listed diagnoses per [REDACTED] dated 10/04/2023 are: 1. History of cephalohematoma 2. Status post right shoulder surgery x2 3. Memory loss 4. Headaches 5. Vertigo 6. Right common extensor partial tendon tear per MRI 7. Bilateral tinnitus 8. Right Cubital tunnel syndrome, clinically positive, EMG negative 9. Right Carpal tunnel syndrome, EMG positive, clinically negative According to report dated 10/04/2013 by [REDACTED], patient presents with continued pain over right elbow and right shoulder. Pain is rated at 7/10 and described as sharp and burning. MRI of the right elbow dated 02/26/2013 shows increased signal intensity and irregularity consistent with moderate-grade partial tearing of the common extensor tendon and minimal fraying of the radial collateral ligament. No complete tears or discontinuity evident. Treating physician recommends that the patient undergo right common extensor tendon tear repair.

IMR ISSUES, DECISIONS AND RATIONALES

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

Outpatient right common extensor tendon repair: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation California MTUS guidelines, web-based edition

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

Decision rationale: This patient presents with continued pain in her right elbow. Treating physician recommends that the patient undergo a right common extensor tendon tear repair. Utilization review dated 10/16/2013 denied the request stating "there is no mention of a surgical lesion requiring repair." The MTUS and ACOEM guidelines do not discuss common extensor tendon repairs but this is surgery for epicondylitis. Therefore, ODG guidelines are referenced for discussion. ODG guidelines under surgery for epicondylitis, recommends surgery when 12 months of conservative treatments have failed to improve the symptoms. This appears to be the case in this patient and MRI of the right elbow dated 02/26/2013 shows increased signal intensity, irregularity consistent with moderate-grade partial tearing of the common extensor tendon, minimal fraying of the radial collateral ligament. In this case, given patient's continued pain and MRI results showing moderate grade partial tearing recommendation for the right common extensor tendon repair is approved.