MAXIMUS Federal Services

Case Number:	CM13-0043102		
Date Assigned:	12/27/2013	Date of Injury:	11/01/2003
Decision Date:	02/20/2014	UR Denial Date:	09/27/2013
Priority:	Standard	Application Received:	10/30/2013

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 Othopedic 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 29-year-old female who sustained an injury to the left upper extremity on 11/01/03. The recent assessment by [redacted], documented continued complaints of chronic pain of the left elbow and noted that the claimant has been receiving treatment for her bilateral elbows. Recent treatment has included physical therapy, medication management and occupational therapy with no significant benefit. There was documentation of previous injections to the lateral epicondyle and radial tunnel. Objective findings showed the left upper extremity to have medial epicondylitis with tenderness to palpation and restricted pain with elbow flexion. There was also tenderness noted about the lateral epicondyle with painful supination and wrist extension. Previous MRI report of the left elbow from 07/17/13 revealed epicondylitis medially as well as lateral epicondylitis with mild edema to the common extensor origin. Based on failed conservative care, surgical intervention was recommended in the form of a left lateral epicondylectomy debridement, fasciotomy, and tendon lengthening procedure. The clinical records only supported treatment over the past couple of months. A 10/29/12 assessment documented a diagnosis of bilateral first extensor compartment tenosynitis consistent with de Quervain's tenosynovitis, but no indication of elbow complaints.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left lateral epicondyle debridement: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 34-35.

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

Decision rationale: Based on California ACOEM 2004 Guidelines, the surgical process to the lateral epicondyle would not be supported including the lateral epicondylar debridement, fasciotomy, and tendon lengthening procedure. ACOEM Guideline criteria recommend up to six months of conservative care including multiple forms of conservative measures and injections before proceeding with procedure or epicondylitis. The records in this case only indicate recent treatment and the previous assessment for review of October of 2012 fails to demonstrate any complaints of elbow pain. The lack of documentation of six months of firm conservative measures would fail to necessitate this surgical process as requested.

Fasciotomy: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

Tendon lengthening: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.