

Case Number:	CM13-0046647		
Date Assigned:	12/27/2013	Date of Injury:	08/08/2010
Decision Date:	06/12/2014	UR Denial Date:	10/04/2013
Priority:	Standard	Application Received:	11/01/2013

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 Physical Medicine and Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in New York and Texas. 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:

The patient is a 54 year old male who reported injuries to both elbows. A clinical note dated 01/07/13 indicated complaints of pain secondary to working with pipes. The progress report shows a history of bilateral elbow complaints starting in 08/08/10. MRI's of the bilateral elbows dated 01/23/13 revealed findings consistent with bilateral lateral epicondylitis. Flector patches were used for pain relief. Upon exam, pain was elicited with flexion/extension at both elbows. Tenderness was identified over the ulnar humeral joints bilaterally. Gripping objects caused pain at both elbows. A clinical note dated 08/08/13 indicated the patient continues to report bilateral joint pain at the elbows. The patient was recommended for continued use of Flector patches. A procedure note dated 09/05/13 indicated the patient undergoing Platelet Rich Plasma (PRP) injections at the left lateral epicondyle. The patient complained of worsening symptoms following the injection. Clinical note dated 09/10/13 indicated complaints of increased in tingling at the left elbow. The patient stated he was dropping objects more frequently. The patient demonstrated good range of motion throughout the elbow and forearms. Tenderness was moderate at the left lateral epicondyle. A clinical note dated 09/18/13 indicated the patient continued to complain of bilateral lateral epicondylitis. The patient demonstrated 5/5 strength at bilateral elbows. A clinical note dated 09/24/13 indicated the patient continuing the ability to complete all range of motion tests at bilateral elbows. No deficits were identified. The patient continued with 4-5/10 pain scale at bilateral elbows. Mild tenderness was identified at the left lateral epicondyle with more pronounced tenderness on the right. A clinical note dated 10/24/13 indicated the patient continuing with 5/5 strength at bilateral upper extremities. The patient rated the pain as 9/10 at bilateral elbows. Previous Utilization Review resulted in a denial as it appeared the patient had responded well to the Platelet Rich Plasma (PRP) injections on the left.

IMR ISSUES, DECISIONS AND RATIONALES

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

CONSULT WITH ORTHOPEDIST FOR POSSIBLE LEFT EPICONDYLECTOMY:

Overtured

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College Of Occupational And Environmental Medicine (ACOEM), 2nd Edition (2004), Chapter 7, Independent Medical Examinations and Consultations, Page 127, 156.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition (2004), IME and Consultations, Page 503.

Decision rationale: Based on the American College of Occupational and Environmental Medicine, IME and Consultations section; the request for consultation with orthopedist for possible left epicondylectomy is certified. The clinical documentation indicates the patient complaining of ongoing bilateral elbow pain specifically at the lateral epicondyles. The patient completed all conservative treatment including physical therapy and Platelet Rich Plasma injections at both elbows. There is an indication the patient had continued complaints of pain at bilateral elbows. Given the completion of a six month course of conservative treatment and the ongoing complaints of pain at the lateral epicondyles at bilateral elbows, the request for a consultation with orthopedist for possible left epicondylectomy is reasonable in order to provide the patient with a pathway to recovery.