

Case Number:	CM13-0047542		
Date Assigned:	12/27/2013	Date of Injury:	12/22/2001
Decision Date:	03/07/2014	UR Denial Date:	10/04/2013
Priority:	Standard	Application Received:	11/04/2013

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 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 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 claimant is a 50 year old male with an industrial injury date of 12/22/01. An exam note from 8/28/13 demonstrates left elbow pain and pain with palpation at olecranon and pain lateral epicondyle with resisted extension. There is a diagnosis of left lateral epicondylitis. An MRI of the left elbow taken 9/10/13 demonstrates radial head and capitellar arthritis. An exam note from 9/24/13 demonstrates radial head and capitellar arthritis.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Left radial head excision (outpatient): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 34-5.

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

Decision rationale: According to the ACOEM Guidelines, referral for surgical consultation may be indicated for patients who have "Significant limitations of activity for more than 3 months; failed to improve with exercise programs to increase range of motion and strength of the musculature around the elbow; or clear clinical and electrophysiologic or imaging evidence of a lesion that has been shown to benefit in both the short and long term from surgical repair." In this

case there is lack of evidence of failure of nonsurgical management and lack of correlation on physical exam with the MRI findings of radiocapitellar arthritis to warrant surgical excision of the radial head. Therefore the request is not medically necessary and appropriate.