

Case Number:	CM13-0051197		
Date Assigned:	01/03/2014	Date of Injury:	10/01/2010
Decision Date:	03/27/2014	UR Denial Date:	10/30/2013
Priority:	Standard	Application Received:	11/14/2013

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 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 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 42-year-old male who reported an injury on 10/01/2010, secondary to repetitive work duties. The patient is diagnosed with recurrent bilateral carpal tunnel syndrome and left elbow epicondylitis. The patient was seen by [REDACTED] on 10/21/2013. The patient reported ongoing neck pain with radiation to bilateral upper extremities. The patient was status post carpal tunnel surgery performed on 04/17/2013. The patient also reported temporary benefit from the injections into the right and left elbows. Physical examination revealed 3+ tenderness to palpation over the lateral epicondyles bilaterally with limited range of motion of the cervical spine and muscle spasm. Treatment recommendations included a left elbow arthroscopy with arthrotomy, lateral epicondylar release, partial lateral epicondylectomy, and possible synovectomy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left elbow arthroscopy with arthrotomy, lateral epicondylar release, partial lateral epicondylectomy, and possible synovectomy: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 44-49.

Decision rationale: The MTUS/ACOEM Guidelines indicate that a referral for surgical consultation may be indicated for patients who have significant limitations of activity for more than three (3) months, failure to improve with exercise programs, and clear clinical and electrophysiological or imaging evidence of a lesion. As per the documentation submitted, there is no evidence of significant limitation of activity. There is also no documentation of an exhaustion of conservative treatment. There were no imaging studies or electrodiagnostic reports submitted for review. Based on the clinical information received, the patient does not meet criteria for the requested procedure. As such, the request is non-certified.

Assistant surgeon: 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.