

Case Number:	CM13-0055312		
Date Assigned:	12/30/2013	Date of Injury:	08/02/2006
Decision Date:	05/19/2014	UR Denial Date:	10/21/2013
Priority:	Standard	Application Received:	11/21/2013

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 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 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 claimant is a 47-year-old gentleman who injured his left elbow in a work-related accident on 08/02/06. The records provided for review included a 10/09/13 follow-up report noting persistent left elbow complaints with lateral epicondylitis. The report documents a surgical history for lateral epicondylar release. A physical examination showed a well healed incision with tenderness to palpation laterally and increased tenderness to palpation medially. Continued conservative care was recommended. The follow-up report on 01/13/14 noted continued complaints of left medial elbow pain. A physical examination was documented to show a negative medial Tinel's sign at the elbow, tenderness to palpation over the medial aspect of the elbow and tenderness to palpation of the right forearm. The range of motion was full. The working diagnosis was left medial epicondylitis status post prior left lateral epicondylar debridement. The recommendation, based on failed conservative care including medications, a platelet-rich plasma (PRP) injection, physical therapy and anti-inflammatory agents, was for medial epicondylar release.

IMR ISSUES, DECISIONS AND RATIONALES

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

LEFT MEDIAL EPICONDYLAR DEBRIDEMENT AND FLEXOR REATTACHMENT:
Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 603-606.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 32.

Decision rationale: The MTUS ACOEM Guidelines indicate that on rare occasions surgical intervention is necessary after failing multiple forms of conservative management for a greater than three to six (3-6) month period of time. Unfortunately, in this case there is no clinical imaging specifically correlating the claimant's medial complaints with examination findings. The claimant is status post lateral epicondylar release, with continued complaints postoperatively. When taking into account the prior surgery and conservative treatment to include only one (1) isolated platelet-rich plasma (PRP) injection. The specific request for left medial epicondylar debridement at seven (7) plus years from injury for a diagnosis that rarely requires operative intervention cannot be supported.