

Case Number:	CM13-0060143		
Date Assigned:	12/30/2013	Date of Injury:	05/13/2013
Decision Date:	04/18/2014	UR Denial Date:	11/21/2013
Priority:	Standard	Application Received:	12/03/2013

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, has a subspecialty in Sports Medicine, and is licensed to practice in Pennsylvania. 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 41 year old female with a reported injury to the elbow on May 13, 2013. The records suggest that she landed on her right elbow at the time. The claimant is noted to have diffuse tenderness over the entire extensor region of the elbow. The claimant reports pain with varied maneuvers, pushing, pulling and lifting. An MRI was noted to show increased signal intensity at the common extensor origin. This was felt to be consistent with a partial tear. The claimant has been treated with corticosteroid injection, activity modification and medication. The claimant was referred to physical therapy and has been on light duty. A request for a tennis elbow release and repair has been made

IMR ISSUES, DECISIONS AND RATIONALES

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

RIGHT TENNIS ELBOW RELEASE AND REPAIR: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 603-06. Decision based on Non-MTUS Citation ODG Elbow Chapter

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 44-45.

Decision rationale: The requested surgery would be reasonable in this setting. The claimant is now over ten months after the reported injury date and has symptoms and examination findings that appear to correspond with lateral epicondylitis. The claimant may have some atypical symptoms reported examination findings, although lateral epicondylitis appears to be consistent with a significant portion of the claimant's symptoms and examination. The diagnosis correlates with the claimant's findings on MRI. The claimant has received sufficient conservative care. The CA MTUS ACOEM 2004 Guidelines require at least three to six months of conservative care. Based upon the records for review, the claimant has undergone all of the typical non-operable treatment including medications, therapy, injections and modified activity. The claimant therefore meets the ACOEM Guidelines based on the information reviewed. Though surgery may be uncommon for this condition, there is sufficient information provided within the records to justify the procedure based on my interpretation of the records.