

<b>Case Number:</b>	CM13-0062850		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	08/29/2010
<b>Decision Date:</b>	04/11/2014	<b>UR Denial Date:</b>	12/06/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/09/2013

### 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 Occupational Medicine 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic elbow and upper extremity pain reportedly associated with an industrial injury of August 29, 2010. Thus far, the applicant has been treated with analgesic medications, attorney representation, transfer of care to and from previous provider in various specialties, pain management counseling, adjuvant medications, a prior right elbow epicondylar release surgery in January 2013, and extensive periods of time off of work. In a utilization review report of December 6, 2013, the claims administrator approved an elbow MRI while denying a reconsultation with an orthopedic elbow surgeon to consider further surgery for reported nerve injury. It is incidentally noted that the claims administrator employed non-MTUS 2004 ACOEM Guidelines to support the denial. The applicant's attorney subsequently appealed. A November 7, 2013 progress note is notable for comments that the applicant reports persistent elbow pain, constant, 10/10 with associated paresthesias. The applicant is having difficulty holding articles and has developed an attendant depression and hopelessness. The applicant is on Norco and Lyrica. She is status post epicondylar release surgery. She has not worked. She is a former certified nursing assistant (CNA). Epicondylar tenderness and limited elbow range of motion with associated swelling are appreciated. Diminished motor strength is noted with hyposensorium noted about the hand. It is stated that the applicant's findings are concerning for a radial neuropathy versus severe recalcitrant lateral epicondylitis. Electrodiagnostic testing, pain management counseling, Norco and Lyrica are endorsed while applicant remains off of work, on total temporary disability. In a subsequent progress note of November 7, 2013, the applicant is again described as having persistent pain issues, feelings of depression, and hopelessness. Surgical consultation is sought to assess the applicant's need for treatment. On December 19, 2013, it is stated that the applicant is

severely symptomatic and should consult an elbow surgeon to determine the need for further elbow surgery.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **CONSULTATION WITH AN ORTHOPEDIST SURGEON: Overturned**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 238. Decision based on Non-MTUS Citation ACOEM Occupational Medicine Practice Guidelines, 2nd Edition, 2004

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

**Decision rationale:** As noted on page 1 of the MTUS Chronic Pain Medical Treatment Guidelines and the MTUS-adopted 2007 ACOEM Elbow Complaints Chapter, the presence of persistent complaints which prove recalcitrant to conservative treatment should lead an attending provider to reconsider the operating diagnosis and determine whether a specialist evaluation and/or surgical consultation is necessary. In this case, the applicant is status post prior epicondylar release surgery. The primary treating provider has posited that the applicant may have a residual radial neuropathy which is, in part, responsible for her ongoing elbow, forearm, and hand issues. The applicant has marked weakness, limited range of motion, and hyposensorium noted about the affected upper extremity. Obtaining the added expertise of an orthopedic elbow surgeon is indicated and appropriate, given the failure of prior operative and nonoperative treatments. Therefore, the original utilization review decision is overturned. The request is certified.