

Case Number:	CM13-0068813		
Date Assigned:	01/03/2014	Date of Injury:	06/05/2013
Decision Date:	08/07/2014	UR Denial Date:	11/22/2013
Priority:	Standard	Application Received:	12/20/2013

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 Family Medicine, and is licensed to practice in North Carolina. 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 patient is a 37-year-old with a date of injury of 6/5/13. The patient has the diagnosis of lateral epicondylitis. Treatment modalities have included splinting, ice, physical therapy, and a single cortisone injection. The most recent progress notes provided by the primary treating physician dated 11/11/13 indicate that the patient had continued significant pain that interfered with activities of daily living. Physical exam showed tenderness to palpation over the lateral epicondyle with pain with resisted wrist extension and concomitant pain over the radial tunnel. An MRI had shown a small intrasubstance tear of the common extensor tendon origin, 6mm craniocaudad by 3mm wide. Articular surfaces were preserved and neurovascular structures were intact. The treatment plan was a recommendation for a lateral epicondyle debridement with concomitant radial tunnel release because the patient had failed all previous conservative therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

PRE-OPERATIVE H&P WITH OCCUPATIONAL MEDICINE PHYSICIAN: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

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

Decision rationale: Previous utilization review had denied the request for lateral epicondyle debridement with concomitant radial tunnel release, before which preoperative history and physical with an occupational medicine physician would take place. Without approval of the surgery, the request is not medically necessary.