

Case Number:	CM13-0068953		
Date Assigned:	01/17/2014	Date of Injury:	07/25/2013
Decision Date:	05/28/2014	UR Denial Date:	12/05/2013
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 Orthopedic Surgeon and is licensed to practice in Georgia and 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 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 injured worker is a 56 year old male who reported an injury on 07/25/2013. The mechanism of injury was not provided. The clinical note dated 08/23/2013 stated the injured worker complained of sharp, constant right elbow pain which radiated into the right shoulder and right wrist. The injured worker was reportedly taking Ibuprofen and Relafen. Upon physical examination on the report showed right elbow range of motion of 180 degrees extension and 140 degrees flexion. There was focal tenderness to palpation over the right lateral epicondyle. The diagnoses included right elbow lateral epicondylitis and extensor tendinosis. The request for authorization was not provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

AN ASSISTANT SURGEON (FOR A RIGHT ELBOW DEBRIDEMENT): Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Information from the American Association of Orthopaedic Surgeons.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.facs.org/ahp/pubs/2011physassturg.pdf>.

Decision rationale: The injured worker has a history of right elbow pain radiating to his right shoulder and right wrist with a diagnosis of right elbow lateral epicondylitis and extensor tendinosis. The American College of Surgeons states the first assistant actively assists the surgeon to carry out a safe operation and provide optimal results, for the patient, by aiding in exposure, hemostasis, and other technical functions. Based on the documentation provided showing an approval for right elbow debridement this request is supported. Therefore, the request for an assistant surgeon for a right elbow debridement is medically necessary.

A CRYOTHERAPY UNIT: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Cervical, Shoulder, Lumbar and Knee.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 28. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Elbow, Cold packs

Decision rationale: The injured worker has a history of right elbow pain radiating to his right shoulder and right wrist with a diagnosis of right elbow lateral epicondylitis and extensor tendinosis. The American College of Occupational and Environmental Medicine Guidelines states that there is insufficient evidence to support cryotherapies for the elbow. The Official Disability Guidelines do not recommend cryotherapy for the elbow. However, the Official Disability Guidelines do recommend cold packs for at-home applications. Furthermore, there was no frequency or duration for the proposed treatment. Therefore, the request for a cryotherapy unit is non-certified.

A PERIOPERATIVE HINGED REHABILITATION BRACE: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 28.

Decision rationale: The injured worker has a history of right elbow pain radiating to his right shoulder and right wrist with a diagnosis of right elbow lateral epicondylitis and extensor tendinosis. The American College of Occupational and Environmental Medicine states Tennis Elbow Bands, Braces or Epicondylitis Straps are low cost, have few side effects, and are not invasive. Therefore, the request for perioperative hinged rehabilitation brace is medically necessary.