

Case Number:	CM14-0001613		
Date Assigned:	01/29/2014	Date of Injury:	07/31/2012
Decision Date:	07/07/2014	UR Denial Date:	12/06/2013
Priority:	Standard	Application Received:	01/06/2014

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 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 42 year-old female who sustained an injury to her right arm on 07/31/12. The mechanism of injury was not documented. A clinical note dated 09/14/12 reported that the injured worker continues to complain of pain which is more severe when she is very active and less at rest. A supplemental report dated 12/13/13 noted the injured worker has had symptoms of right elbow pain for over a year. She has undergone extensive non-operative treatment including rest, activity modification, splinting, non steroidal antiinflammatory drugs (NSAIDS), two corticosteroid injections and physical/occupational therapy with only temporary improvement of her symptoms.

IMR ISSUES, DECISIONS AND RATIONALES

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

RIGHT ELBOW MEDIAL AND LATERAL EPICONDYLE DEBRIDEMENT, COMMON FLEXOR AND EXTENSOR TENDON ORIGIN RELEASE, DEBRIDEMENT AND REPAIR: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 604.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Elbow Chapter, Surgery for epicondylitis.

Decision rationale: The request for right elbow medial and lateral epicondyle debridement, common flexor and extensor tendon origin release, debridement and repair is not medically necessary. The previous request was denied on the basis that the injured worker had not failed at least 6 months of conservative treatment to include at least 3-4 modalities. The guideline criteria had not been met. There was no additional documentation submitted that would support overturning the previous adverse determination. Given the clinical documentation submitted for review, medical necessity of the request for right elbow medial and lateral epicondyle debridement, common flexor and extensor tendon origin release, debridement and repair has not been established.