

Case Number:	CM14-0007180		
Date Assigned:	02/07/2014	Date of Injury:	08/15/2012
Decision Date:	06/23/2014	UR Denial Date:	01/03/2014
Priority:	Standard	Application Received:	01/20/2014

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 has a subspecialty in Hand Surgery 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 claimant was injured on August 15, 2012 due to the effects of cumulative trauma. The progress report of November 11, 2013 noted continued complaints of pain and tenderness over the lateral epicondyle consistent with lateral epicondylitis. The report noted that surgery for a lateral epicondylar release on June 25, 2013 provided no significant benefit. Postoperative care has included formal physical therapy, medication management and activity restrictions. The November 11, 2013 follow up report documented continued pain at the lateral epicondyle with formal physical examination revealing two prior scars and no other physical findings documented. The recommendation was made for twelve sessions of occupational therapy following a revision release of the external side muscles of the lateral epicondyle and a possible right neurectomy to the posterior branch of the lateral cutaneous nerve.

IMR ISSUES, DECISIONS AND RATIONALES

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

RIGHT POSSIBLE NEURECTOMY POSTERIOR BRANCH: Upheld

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

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

Decision rationale: The records provided for review do not contain any post operative imaging, electrodiagnostic studies or further testing that would support the procedure to the elbow. Based on current clinical complaints, there is limited documentation of physical examination findings and limited documentation of conservative treatment since time of the June 2013 surgical procedure. Therefore, the request for right possible neurectomy posterior branch is not medically necessary and appropriate.

RIGHT RELEASE EXTERNAL SLIDE MUSCLE PROCEDURE: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 36.

Decision rationale: California ACOEM Elbow 2007 Guidelines would not support the role of further surgical process to the lateral epicondyle. This individual has already had a lateral epicondylectomy with no significant benefit or gross improvement. Therefore, based on a lack of current physical examination findings and documentation of conservative care in the postoperative setting, revision surgical process to the lateral epicondyle the request for right release external slide muscle procedure is not medically necessary and appropriate.

OCCUPATIONAL THERAPY 3X4: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the proposed surgery is not medically necessary, none of the associated services are medically necessary.