

Case Number:	CM14-0011594		
Date Assigned:	02/21/2014	Date of Injury:	07/16/2012
Decision Date:	06/25/2014	UR Denial Date:	01/17/2014
Priority:	Standard	Application Received:	01/29/2014

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 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 is a 35-year-old gentleman who sustained a right elbow injury due to repetitive use of power tools on 01/11/04. The report of electrodiagnostic studies dated 11/25/13 documented findings consistent with mild bilateral carpal tunnel syndrome, but no acute radiculopathy or ulnar nerve entrapment. The 01/15/14 follow up report noted continued complaints of pain in the elbow for which a lateral release of the median epicondyle was recommended. Also noted were complaints of bilateral, right greater than left, elbow pain. Examination showed medial epicondylitis exacerbated by wrist flexion; no other physical examination findings were documented. A prior assessment on 06/26/13 noted a similar diagnosis and exam findings and documented that recent treatment had included physical therapy and injections. The medical records did not contain any documentation of care between June 2013 and January 2014 for review. This request is for right medial epicondylar release and lateral epicondylar release.

IMR ISSUES, DECISIONS AND RATIONALES

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

RIGHT ELBOW LATERAL RELEASE: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Elbow Disorders Chapter (ACOEM Practice Guidelines, 2nd Edition (Revised 2007), Chapter 10) pg. 43.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Elbow Disorders Chapter (ACOEM Practice Guidelines, 2nd Edition (Revised 2007), Chapter 10) pg. 36.

Decision rationale: Based on California ACOEM 2007 Elbow Guidelines, the request for a lateral epicondylar release cannot be recommended as medically necessary. Per ACOEM, surgery for lateral epicondylalgia should only be a consideration for those patients who fail to improve after a minimum of 6 months of care that includes at least 3-4 different types of conservative treatment. However, there are unusual circumstances in which, after 3 months of failed conservative treatment, surgery may be considered. The medical records reveal that the claimant's current complaints are medial in nature at the elbow with no indication of lateral epicondylitis. There is also no documentation that the claimant has been treated for lateral epicondylitis. The specific request for this portion of the surgery being requested would not be indicated.

RIGHT MEDIAL EPICONDYLAR RELEASE: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Elbow Disorders Chapter (ACOEM Practice Guidelines, 2nd Edition (Revised 2007), Chapter 10) pgs. 40-46

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Elbow Disorders Chapter (ACOEM Practice Guidelines, 2nd Edition (Revised 2007), Chapter 10) pg. 36.

Decision rationale: Also based on California ACOEM 2007 Elbow Guidelines, a medial epicondylar release cannot be recommended. The claimant has been diagnosed with medial epicondylitis based on examination but there is no documentation of conservative care between June 2013 and the assessment in January of 2014. The ACOEM Guidelines recommend surgery in the setting of failed care for a six month interval. Without documentation of conservative care over the past six months this specific surgical request cannot be supported.