

Case Number:	CM14-0018517		
Date Assigned:	04/18/2014	Date of Injury:	01/02/2012
Decision Date:	06/30/2014	UR Denial Date:	01/28/2014
Priority:	Standard	Application Received:	02/13/2014

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 patient is a 48 year old male with industrial injury on 11/19/13. Exam note from 11/19/13 demonstrates complaint of pain into the right shoulder. Report of pain in the right elbow. Report of difficulty sleeping with increased pain into the right elbow. Examination of the right elbow demonstrated point tenderness over the lateral epicondyle and diffuse tenderness over the proximal extensor tendons. MRI right elbow 6/7/13 demonstrates almost complete tear of the common extensor tendon at the insertion of the lateral epicondyle. Report in record of 6 visits of physical therapy completed and 6 treatments of acupuncture. Diagnosis of lateral epicondylitis, extensor tendonitis with tear and radial collateral ligament sprain and partial tear of the right elbow refractory to conservative treatment.

IMR ISSUES, DECISIONS AND RATIONALES

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

SURGICAL CLEARANCE: 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: As the surgical procedure is non-certified, the decision for surgical clearance is not medically necessary.

RIGHT ELBOW EXTENSOR REPAIR, RESECTION, RELEASE: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 603-606.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 603-606.

Decision rationale: The cited guidelines recommend conservative care for a minimum of 3-6 months prior to contemplation of surgical care for lateral epicondylitis. In this case the patient has participated in 6 visits of physical therapy and 6 visits of acupuncture which does not meet the criteria for right elbow extensor repair, resection or release. Therefore the request for surgical clearance is not medically necessary and appropriate.