

Case Number:	CM14-0115630		
Date Assigned:	08/04/2014	Date of Injury:	11/05/2012
Decision Date:	09/10/2014	UR Denial Date:	07/08/2014
Priority:	Standard	Application Received:	07/24/2014

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 Physical Medicine and Rehabilitation & Pain Management, has a subspecialty in Pain Medicine and is licensed to practice in Oklahoma 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 34-year-old male who reported an injury on 11/06/2012. The mechanism of injury was not provided for review. The injured worker reportedly sustained an injury to his left elbow. The injured worker's treatment history included activity limitations. The injured worker was evaluated on 06/20/2014. It was noted that the injured worker had no improvement in left elbow tendonitis complaints and continued to have moderate pain with activities. A request was made for surgical intervention.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left Tennis Elbow Surgery: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 44-45.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 44-49.

Decision rationale: The American College of Occupational and Environmental Medicine recommend surgical intervention for elbow injuries be supported by diagnostic studies and clear clinical examination findings that have failed to respond to conservative treatments. The clinical

documentation does not provide any evidence that the injured worker has had any type of conservative treatment to include bracing, nonsteroidal antiinflammatory drugs, corticosteroid injections, or physical therapy. Furthermore, the clinical documentation submitted for review does not clearly identify any diagnostic studies that have been performed to support the diagnosis of left tennis elbow. Furthermore, the clinical documentation did not provide an adequate physical assessment of the injured worker to support the need for surgical intervention. As such, the requested left tennis elbow surgery is not medically necessary or appropriate.