

<b>Case Number:</b>	CM14-0153826		
<b>Date Assigned:</b>	09/23/2014	<b>Date of Injury:</b>	01/01/2013
<b>Decision Date:</b>	10/24/2014	<b>UR Denial Date:</b>	09/11/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/19/2014

### 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:

This is a 53-year-old male who sustained an injury to the bilateral upper extremities on 07/02/13. The clinical records provided for review specific to the claimant's right elbow documented that the claimant was status post right carpal tunnel release procedure on 4/22/14. The PR2 report dated 08/21/14 described continued right elbow pain rated 7/10. The 08/21/14 PR-2 report documents that repeat radiographs performed on that date showed no acute findings. The PR-2 report did not contain any documentation of physical examination findings. The recommendation was made for a lateral epicondylar release. The previous assessment dated 07/07/14 also did not identify any physical examination findings but documented that the claimant had been treated with physical therapy and an ultrasound-guided corticosteroid injection on that date. The medical records do not contain any other documentation of treatment.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lateral release, right elbow:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 35-36.

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

**Decision rationale:** Based on the ACOEM Guidelines, the request for lateral release of the right elbow is not recommended as medically necessary. The ACOEM Guidelines recommend that this intervention is reserved for individuals failing six-plus months of conservative care including 3-4 different types of conservative treatment. While this individual is noted to have undergone physical therapy and one corticosteroid injection, there is no documentation of six months of treatment specific to the right elbow or different measures of conservative care. The request in this case would not be supported as medically necessary.

**Assistant surgeon:** 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 primary procedure is not medically necessary, none of the associated services are medically necessary.

**Medical clearance (physical exam including CBC, CMP,PT/PTT, UA, EKG,CXR):** 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 primary procedure is not medically necessary, none of the associated services are medically necessary.

**Postoperative physical therapy 2 x 4:** 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 primary procedure is not medically necessary, none of the associated services are medically necessary.