

Case Number:	CM14-0169106		
Date Assigned:	10/30/2014	Date of Injury:	01/06/2012
Decision Date:	12/08/2014	UR Denial Date:	09/22/2014
Priority:	Standard	Application Received:	10/14/2014

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 Surgeon and is licensed to practice in 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 44-year-old female who reported injury on 01/06/2012. The mechanism of injury was not provided. Surgical history included multiple left knee surgeries and an ankle stabilization. Other therapies included physical therapy and injections. There was no request for authorization submitted for the requested procedure. The documentation of 09/04/2014 revealed the injured worker's elbow continued to bother her and the injured worker had several injections into the elbow. The injured worker indicated she had pain when trying to do normal activities. The medications included Norco 5/325 mg 1 to 2 every 4 hours, omeprazole 20 mg delayed release capsules, amlodipine besylate 5 mg tablets, Crestor 10 mg tablets, and alprazolam 0.5 mg tablets. The physical examination revealed the injured worker had full range of motion and tenderness over the lateral epicondyle and the grip strength was markedly decreased. The diagnosis included lateral epicondylitis elbow region and the treatment plan included a right elbow lateral epicondylar release due to multiple injections and conservative treatments that had failed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Elbow Epicondylar Release: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 240, table 10-6.

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 indicates that surgical considerations for the elbow disorders may be appropriate for injured workers who have significant limitation of activity for more than 3 months, a failure to improve with exercise programs to increase range of motion and strength of the musculature around the elbow and who have clear clinical and electrophysiologic or imaging evidence of a lesion that has been shown to benefit in both the short and long term from surgical repair. There would be no imaging that would support surgical intervention. The injured worker had objective findings, and was noted to have failed conservative care and injections. However, the duration of conservative care and quantity of sessions was not provided. The request as submitted failed to indicate the laterality for the requested surgical intervention. Given the above, the request for elbow epicondylar release is not medically necessary.

Surgical assistant- [REDACTED]: 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 requested surgical intervention is not supported by the documentation, the requested ancillary service is also not supported.

Pre-op cardiac clearance with [REDACTED] to include possible EKG: 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 requested surgical intervention is not supported by the documentation, the requested ancillary service is also not supported.

Pre-op Labs (unspecified): 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 requested surgical intervention is not supported by the documentation, the requested ancillary service is also not supported

Post-op Physical therapy x 12: 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 requested surgical intervention is not supported by the documentation, the requested ancillary service is also not supported.

Norco 5/325mg #60: 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 requested surgical intervention is not supported by the documentation, the requested ancillary service is also not supported.

DME: Arm sling: 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 requested surgical intervention is not supported by the documentation, the requested ancillary service is also not supported.