MAXIMUS Federal Services

Case Number:	CM14-0181200		
Date Assigned:	11/06/2014	Date of Injury:	04/30/2014
Decision Date:	12/12/2014	UR Denial Date:	10/10/2014
Priority:	Standard	Application Received:	10/31/2014

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 52 year old male with a 4/30/14 injury date. The injury was from repetitive use. In a 9/30/14 note, the patient reported bilateral elbow pain on the lateral aspect of the elbow, left worse than right. The patient has been off work with minimal activities at home for more than 2 months with no relief of pain. Any turning movement at the wrist increases his pain. Objective findings included some fullness with severe tenderness of the left lateral epicondyle, full elbow range of motion, and negative Tinel's sign at the elbow. Diagnostic impression: left lateral epicondylitis. Treatment to date: elbow support, night splint, NSAIDS, pain medication. A UR decision on 10/10/14 denied the request for right elbow surgery on the basis that there is no documentation of prior conservative therapy. The request for post-op occupational therapy was denied because the associated surgical procedure was not certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Associated Surgical Service: Right Elbow Surgery: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Surgery for Epicondylitis

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

Decision rationale: CA MTUS states that conservative care should be maintained for a minimum of 3-6 months prior to considering surgery; and there remains controversy over the benefit of surgical intervention over medical treatment or untreated controls, particularly when numerous studies have documented the tendency for the condition to spontaneously improve over time. However, in this case there is no documentation of prior physical therapy that specifically addressed the left elbow symptoms. In addition, the patient's history of continued severe left elbow pain even after 2 months of rest at home with minimal activity is suspect. Even though cortisone injections for lateral epicondylitis do not appear to alter the natural history of the condition, they can be useful for supporting the diagnosis when there is temporary relief provided by the injection. There is no documentation of prior cortisone injections in this case. The medical necessity has not been established at this time. Therefore, the request for Right Elbow Surgery is not medically necessary.

Associated Surgical Service: Postoperative Occupational Therapy: 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.