

Case Number:	CM14-0022628		
Date Assigned:	06/11/2014	Date of Injury:	01/12/2011
Decision Date:	07/28/2014	UR Denial Date:	02/20/2014
Priority:	Standard	Application Received:	02/24/2014

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 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:

Based on the Elbow Disorders Chapter of the ACOEM Practice Guidelines, the proposed exploration of the right elbow and release of the right lateral epicondyle cannot be recommended as medically necessary. The Elbow Disorders Chapter of the ACOEM Practice Guidelines for lateral epicondylectomy recommend conservative treatment consisting of three to four different types of treatment for greater than a six month period of time before proceeding with intervention. The patient's treatment for the right elbow has been sporadic with no documentation of recent treatment other than two sessions of physical therapy and medication usage. There is no documentation of a recent injection. Based on the ACOEM Guidelines and the conservative treatment offered to the patient documented in the records, surgery cannot be supported at this time. The request for an exploration of the right elbow and release of the right lateral epicondyle for chronic elbow epicondylitis symptoms is not medically necessary or appropriate.

IMR ISSUES, DECISIONS AND RATIONALES

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

Exploration of the right elbow and release of the right lateral epicondyle for chronic elbow epicondylitis symptoms: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 40-46.

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

Decision rationale: Based on the Elbow Disorders Chapter of the ACOEM Practice Guidelines, the proposed exploration of the right elbow and release of the right lateral epicondyle cannot be recommended as medically necessary. The Elbow Disorders Chapter of the ACOEM Practice Guidelines for lateral epicondylectomy recommend conservative treatment consisting of three to four different types of treatment for greater than a six month period of time before proceeding with intervention. The patient's treatment for the right elbow has been sporadic with no documentation of recent treatment other than two sessions of physical therapy and medication usage. There is no documentation of a recent injection. Based on the ACOEM Guidelines and the conservative treatment offered to the patient documented in the records, surgery cannot be supported at this time. The request for an exploration of the right elbow and release of the right lateral epicondyle for chronic elbow epicondylitis symptoms is not medically necessary or appropriate.