

Case Number:	CM14-0027069		
Date Assigned:	06/20/2014	Date of Injury:	10/22/2012
Decision Date:	08/04/2014	UR Denial Date:	02/04/2014
Priority:	Standard	Application Received:	03/04/2014

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 54-year-old gentleman who injured his left upper extremity on 10/28/12. The records provided for review document that the claimant underwent an MRI scan in December 2012 that showed a partial thickness common extensor tendon tear of the left wrist. The records also document that the claimant has a current diagnosis of left carpal tunnel syndrome. Since the date of injury, the claimant has undergone a left cubital tunnel release procedure. The follow up report dated 2/14/14 noted continued complaints of pain in the elbow described as throbbing pain with activity. Physical examination was documented as pain on palpation, restricted range of motion at end points, and limited grip strength. Diagnosis was left common extensor tendon tear and the recommendation was made for a common extensor tendon repair. There is limited documentation of recent treatment for this claimant's diagnosis of lateral epicondylitis.

IMR ISSUES, DECISIONS AND RATIONALES

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

SURGERY LEFT COMMON EXTENSOR TENDON REPAIR: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG.

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

Decision rationale: The California ACOEM Guidelines would not support the request for left common extensor tendon repair. The ACOEM Guidelines recommend at least six months of conservative care including multiple treatments typically including injection therapy. The documentation identifies that the claimant has chronic complaints of pain but there is no documentation of recent conservative measures. Therefore, in absence of documentation of conservative treatment, the request for surgery to this claimant's left common extensor tendon would not be supported as medically necessary.