

Case Number:	CM14-0032529		
Date Assigned:	04/11/2014	Date of Injury:	11/15/2006
Decision Date:	07/15/2014	UR Denial Date:	02/03/2014
Priority:	Standard	Application Received:	02/10/2014

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 42 year old claimant with industrial injury 11/15/06. Exam note from 4/1/14 demonstrates report of bilateral elbow pain, bilateral wrist/hand pain with numbness and paresthasias in the right ulnar forearm and ulnar hand. Agreed medical examination from 2/24/14 demonstrates no evidence of tenderness at the right medical epicondyle. There was negative Tinel's at the elbow on the right. There was a report of no electrodiagnostic evidence of right cubital tunnel syndrome. An MRI of the right elbow on 3/21/13 demonstrates small interstitial tear along the proximal fibers but no evidence of high grade or full thickness tears.

IMR ISSUES, DECISIONS AND RATIONALES

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

RIGHT ELBOW COMMON EXTENSOR TENDON DEBRIDEMENT: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 20-27.

Decision rationale: In this case, there is no evidence in the records of the claimant attempting nonsurgical management of lateral epicondylitis as recommended by the CA MTUS/ACOEM guidelines. In addition, the MRI of the elbow from 3/21/13 demonstrates no evidence of high

grade or full thickness tear to warrant consideration of surgical care. Therefore, the request is not medically necessary.

REPAIR RIGHT RADIAL TUNNEL DECOMPRESSION: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 19.

Decision rationale: The records submitted does not support any evidence of radial tunnel syndrome. There is no electrodiagnostic evidence of radial tunnel syndrome. In addition, there is no evidence in the records of non-operative care recommended by the guidelines such as utilization of non-steroidal anti-inflammatories. Therefore, the request is not medically necessary.