MAXIMUS Federal Services

| Case Number: | CM14-0036534 | | |
|---|---|---|---|
| Date Assigned: | 03/28/2014 | Date of Injury: | 11/27/2012 |
| Decision Date: | 05/07/2014 | UR Denial Date: | 03/04/2014 |
| Priority: | Standard | Application Received: | 03/25/2014 |

## 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 Georgia and 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 63-year-old female who reported an injury on 11/27/2012. The specific mechanism of injury was not provided. The documentation of 03/06/2014 revealed the injured worker had complaints of left elbow pain. The injured worker had tenderness in the left elbow and there was documentation that the injured worker's injury was stable. The diagnosis was left elbow medial epicondylitis. The submitted request was for a surgical procedure and accompanying clearances.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**LEFT MEDIAL ELBOW DEBRIDEMENT, FASCIOTOMY AND RELATED PROCEDURES - LEFT ELBOW:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Integrated Treatment/Disability Duration Guidelines, Elbow (Acute & Chronic) (updated 2/14/14)

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Elbow Chapter, Surgery For Epicondylitis

**Decision rationale:** Official Disability Guidelines indicate that surgery for epicondylitis is indicated after 12 months of conservative treatment. Treatment involves rest, ice, stretching, strengthening, and lower intensity to allow for maladaptive changes. Criteria for lateral epicondylar release includes that it is limited to severe entrapment neuropathies over 95% with conservative treatment, failure to improve with NSAIDs, elbow bands/straps, activity modification, and physical therapy exercise program to increase the range of motion and strength of the musculature around the elbow and a long-term failure with at least 1 type of injection, ideally with documented short-term relief from the injection. The clinical documentation submitted for review failed to provide DWC Form RFA or a PR-2 requesting the surgery. Additionally, the request as submitted failed to indicate what related procedures were for the surgery. Given the above and the lack of documentation, the request for a left medial elbow debridement, fasciotomy, and related procedure/left elbow is not medically necessary.

**MEDICAL CLEARANCE: PRE-OP OFFICE VISIT:** 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.

**MEDICAL CLEARANCE: PRE-OP LABS INCLUDING CBC, PT, PTT, UA, CHEM7, BMP:** 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.

**MEDICAL CLEARANCE: PRE-OP 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.