

Case Number:	CM14-0040034		
Date Assigned:	06/27/2014	Date of Injury:	05/11/2010
Decision Date:	07/28/2014	UR Denial Date:	03/20/2014
Priority:	Standard	Application Received:	04/04/2014

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:

The patient is a 55-year-old female who injured her elbow on May 11, 2010. The medical records for review included the February 14, 2014 office note documenting a diagnosis of left elbow lateral epicondylitis status post surgical release in November 2013, and right elbow lateral epicondylitis secondary to over compensation. The records document that the right elbow symptoms have continuously progress. Physical examination findings of the right elbow showed full and unrestricted range of motion, no elbow instability, and tenderness to palpation laterally. The office note documented that the patient's right elbow has over compensated due to the patient's left upper extremity injury and that the elbow requires treatment and the recommendation was made for "treatment of the elbow."

IMR ISSUES, DECISIONS AND RATIONALES

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

Treatment to the right elbow: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Elbow section.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 1 Prevention Page(s): 1-5. Decision based on Non MTUS Official Disability Guidelines (ODG), Treatment in Worker's Comp, 18th Edition, 2013 Updates: elbow procedure.

Decision rationale: Based on the California ACOEM Guidelines and supported by the Official Disability Guidelines, there is no current documentation in the records for review that would

causally relate the claimant's right elbow symptoms and require treatment. The over compensation of the right elbow due to previous contralateral left elbow injury in and of itself would not be supportive for treatment of this claimant's current right upper extremity complaints. The specific request in this individual would not be supported as medically necessary.