

Case Number:	CM14-0047941		
Date Assigned:	07/02/2014	Date of Injury:	02/27/2013
Decision Date:	08/25/2014	UR Denial Date:	03/07/2014
Priority:	Standard	Application Received:	04/16/2014

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 41-year-old right hand dominant gentleman who injured his left elbow while pulling a pallet on 02/27/13. The clinical records provided for review include the report of a left elbow MRI dated 05/06/13 showing a medial collateral ligament tear and associated common extensor tendinosis versus partial tearing of the common extensor tendon. The report of a 01/07/14 follow up visit described continued complaints of left elbow pain and dysfunction. Examination showed restricted range of motion with tenderness noted to palpation in the medial epicondyle and tenderness and positive Tinel's testing over the cubital tunnel. Based on continued complaints the recommendation was made for medial epicondylectomy and cubital tunnel release procedure. There are current recommendations for a "repair of the elbow with open debridement to the left elbow."

IMR ISSUES, DECISIONS AND RATIONALES

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

Repair elbow w/deb open: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) elbow chapter.

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

Decision rationale: Based on California ACOEM Guidelines the request for repair elbow w/deb open (medial epicondylectomy) procedure would not be indicated. While this individual is noted to have chronic pain complaints, there is lack of documentation of recent conservative care focused on the medial epicondyle including treatment consisting of prior injection therapy. Without documentation of a six month course of failed conservative measures including injections as recommended by ACOEM Guidelines, the request for a surgical process would not be indicated.