

Case Number:	CM14-0054200		
Date Assigned:	07/09/2014	Date of Injury:	10/28/2008
Decision Date:	08/14/2014	UR Denial Date:	04/14/2014
Priority:	Standard	Application Received:	04/23/2014

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 Neurologist and is licensed to practice in Massachusetts, Ohio 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 42-year-old female who reported an injury on 02/19/2013. The mechanism of injury was not stated. The injured worker is status post multiple surgeries to the right elbow. Current diagnosis is lateral epicondylitis. The injured worker was evaluated on 03/20/2014 following a right lateral epicondyle and right radial tunnel injection. The injured worker reported near complete relief of symptoms for a period of approximately 3 to 4 days. The injured worker reported complaints of clicking and catching of the radiocapitellar joint. Physical examination revealed tenderness over the lateral epicondyle and radial tunnel with resisted wrist extension. Treatment recommendations at that time included a radial tunnel release with lateral epicondyle debridement and reattachment. It is noted that the injured worker underwent electrodiagnostic studies on 10/19/2010, which indicated negative findings.

IMR ISSUES, DECISIONS AND RATIONALES

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

Revision Lateral Epicondyle Debridement with Reattachment Right Radial Tunnel:
Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 603-606,235,240. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)- Elbow Disorders.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 44-49.

Decision rationale: California MTUS/ACOEM Practice Guidelines state a referral for surgical consultation may be indicated for patients who have significant limitations of activity for more than 3 months, fail to improve with exercise programs, and have clear clinical and electrophysiologic or imaging evidence of a lesion. Prior to a surgical consideration for lateral epicondylitis, conservative care should be maintained for a minimum of 3 to 6 months. As per the documentation submitted for this review, there is no evidence of an exhaustion of conservative treatment prior to the request for an additional surgical procedure. The medical necessity for the revision lateral epicondyle debridement with reattachment of the right radial tunnel has not been established. As such, the request is not medically necessary and appropriate.