

Case Number:	CM14-0056472		
Date Assigned:	07/11/2014	Date of Injury:	01/31/2011
Decision Date:	09/08/2014	UR Denial Date:	03/25/2014
Priority:	Standard	Application Received:	04/25/2014

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 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:

39 year old claimant reported an industrial injury on 1/31/11. Report of subacromial injection into left shoulder did not help pain. MRI left elbow on 3/4/13 demonstrates left elbow joint space effusion. Mild tendinitis is noted of the medial collateral ligament. Agreed medical exam from 10/1/13 demonstrates mild impingement syndrome of the left elbow. Exam note anticipates that conservative care only will be required for the shoulder and elbow. Exam note 3/3/14 demonstrates complaint of pain in the left shoulder and left elbow. Examination of left upper extremity demonstrates loss of strength over deltoid noted to be 4/5. Tenderness is noted over the lateral epicondyle with pain with resisted wrist extension.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left elbow lateral release surgery: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Elbow Disorders. ACOEM Occupational Medicine Practice Guidelines, 2nd Edition 2008- pages 603-606.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 35.

Decision rationale: CA MTUS/ACOEM Elbow chapter, page 35 recommends a minimum of 3-6 months of conservative care prior to contemplation of surgical care for lateral epicondylitis. In this case there is insufficient evidence of failure of conservative care including splinting, injection or casting to warrant a lateral epicondylar release. Therefore request is not medically necessary.