

<b>Case Number:</b>	CM14-0181680		
<b>Date Assigned:</b>	11/06/2014	<b>Date of Injury:</b>	10/28/2012
<b>Decision Date:</b>	01/15/2015	<b>UR Denial Date:</b>	10/13/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/31/2014

### 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:

This case involves a 44-year-old male injured worker with an industrial injury dated 10/28/12. An MRI of the right elbow dated 12/06/12, revealed no evidence of abnormalities. Conservative treatments have included physical therapy, chiropractic care, and medication. Exam note dated 09/04/14 states the patient returns with right elbow pain. The patient rates the pain a 7/10 and that it's aggravated by full flexion and lifting. Upon physical exam there was evidence of some swelling present. The patient had grip strength of 60/70/75 on the right and 80/70/70 on the left. Range of motion of the right and left elbow was noted as 0' flexion, 140' extension, 80' supination, and 80' pronation. There was swelling and tenderness over the right lateral and medial epicondyles with no triceps tenderness. The patient completed a mildly positive Tinel's sign test and right cubital tunnel. Diagnosis is noted as pain in the joint involving the upper arm. Treatment includes a right elbow arthroscopy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Associates Surgical Services: Post-Operative Appointments times 4:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 7

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 7, page 127

**Decision rationale:** The CA MTUS ACOEM 2004, Chapter 7, page 127 states the occupational health practitioner may refer to other specialists, if a diagnosis is uncertain or extremely complex, when psychosocial facts are present, or when the plan or course of care may benefit from additional expertise. In this case, the records cited do not demonstrate any objective evidence to support a set number of postoperative appointments. Therefore, this request is not medically necessary.