

Case Number:	CM14-0187565		
Date Assigned:	06/18/2015	Date of Injury:	11/27/2012
Decision Date:	07/28/2015	UR Denial Date:	05/06/2014
Priority:	Standard	Application Received:	11/12/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: New York

Certification(s)/Specialty: Neurological Surgery

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 58 year old female, who sustained an industrial/work injury on 11/27/12. She reported initial complaints of bilateral elbow pain. The injured worker was diagnosed as having medial epicondylitis of elbow and overuse syndrome of left elbow. Treatment to date has included medication, diagnostic testing, surgery (right medial elbow debridement and fasciotomy), steroid injection, and physical therapy. MRI results were reported on 2/1/13 of the left elbow that demonstrated normal results. Currently, the injured worker complains of left medial elbow pain that creates difficulty with her activity of daily living tasks and sleeping. Per the primary physician's progress report (PR-2) on 3/6/14 that demonstrated tender left medial elbow, strength is 4+/5, limited by pain, refuses doing supination and pronation, tender over the left trapezial area. Current plan of care included recommendation of left elbow surgery. The requested treatments include Left medial elbow debridement, fasciotomy and related procedures, Pre op labs - CBC, Chem 7, Pre op labs: PT, PTT, Pre op labs: UA, Pre op Labs: Hep panel, Pre op labs: HIV, Pre op Chest x-ray, and Pre op: EKG.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left medial elbow debridement, fasciotomy and related procedures: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Integrated Treatment/Disability Duration Guidelines Elbow (Acute & Chronic).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Elbow chapter- surgery for epicondylitis.

Decision rationale: The ODG guidelines recommend surgery after 12 months of failed conservative treatment. Documentation does not show 12 months of treatment has happened. The guidelines recommend strengthening exercises. Documentation does not discuss the results of exercise. The requested treatment: Left medial elbow debridement, fasciotomy and related procedures is not medically necessary and appropriate.

Preoperative labs: CBC, Chem 7: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

Preoperative labs: PT, PTT: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

Preoperative labs: UA: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

Preoperative labs: Hep panel: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

Preoperative labs: HIV: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

Preoperative Chest xray: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

Preoperative EKG: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.