

Case Number:	CM14-0188408		
Date Assigned:	11/19/2014	Date of Injury:	04/02/2013
Decision Date:	01/07/2015	UR Denial Date:	11/05/2014
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. The expert reviewer is Board Certified in Orthopedic Surgery, and is licensed to practice in New York. 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 47-year-old female with a date of injury of April 2, 2013. The patient has chronic elbow pain. She has been diagnosed with lateral epicondylitis. Treatment has included injections physical therapy and chiropractic care. On physical examination there is swelling of the left wrist dorsal compartment. The swelling of the left lateral epicondyle and tenderness to palpation in this region. The patient has a full range of motion and normal grip strength. MRI of the elbow revealed torn radial collateral ligament. At issue is whether surgeries medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

One Left Elbow Lateral Epicondylar Debriment: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 35-36.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: MTUS elbow pain chapter, ODG elbow chapter

Decision rationale: Left Elbow Lateral Epicondyle Debridement Surgery is not medically necessary at this time. Guidelines indicate that the surgical procedure is still experimental. The

diagnosis may spontaneously improve over time without surgery. Guidelines indicate that conservative measures should be tried for a least 12 months. The medical records do not document that this patient has exhausted conservative measures over 12 month period of time. The request for One Left Elbow Lateral Epicondylar Debridement is not medically necessary at this time.

Associated surgical service: 12 Sessions of post op occupational therapy: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Surgery general information and ground rules, California official medical fee schedule

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.

Associated surgical service: One Pre-op clearance CBC/PT/PTT/INR/CXR/EKG/H&P: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation National government agency, Institute for clinical systems improvements, American society of anesthesiologist task force on pre-anesthesia evaluation, American college of radiology

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.

Associated surgical service: One Prescription for Kelfex 500mg #28: Upheld

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

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.

One Prescription for Norco 10/325mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: MTUS chronic pain treatment guidelines

Decision rationale: Guidelines do not recommend narcotics for chronic extremity pain. The request for Norco is not medically necessary or appropriate.