

Case Number:	CM14-0203815		
Date Assigned:	12/16/2014	Date of Injury:	09/09/2013
Decision Date:	02/25/2015	UR Denial Date:	11/24/2014
Priority:	Standard	Application Received:	12/05/2014

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: California

Certification(s)/Specialty: Orthopedic 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:

This is a 45 year old male who suffered an industrial related injury on 9/9/13. The treating physician's report dated 10/31/14 noted the injured worker has had multiple injections over the right lateral epicondyle without much relief. The injured worker was still experiencing pain in the right elbow. He is unable to use his right hand due to pain. Physical examination findings included slight puffiness over the lateral epicondyle and tenderness over the lateral epicondyle. Tenderness on the medical side was also noted. MRI findings were noted to show consistent findings of lateral epicondylitis. The impression was of chronic lateral epicondylitis of the right elbow. The treating physician's report dated 11/24/14 noted the injured worker had continued complaints of right elbow pain. The injured worker had no improvement despite the administration of a cortisone injection. Diagnoses included lateral epicondylitis, medical epicondylitis, elbow sprain/strain, and insomnia. On 11/24/14 the utilization review (UR) physician denied the request for right elbow debridement and release. The UR physician noted the Medical Treatment Utilization Schedule guidelines state conservative care should be maintained for a minimum of 3-6 months prior to considering surgery. There was no clear indication the injured worker had exhausted conservative treatment as there are no indications of physical modalities, elbow support, and/or possible injections. Therefore the requested surgery is not medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right elbow debridement and release: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 35. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Elbow section, Surgery for epicondylitis.

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. ODG, Elbow section, Surgery for epicondylitis, recommends 12 months of non-operative management with failure to improve with NSAIDs, elbow bands/straps, activity modification and physical therapy program. In addition there should be failure of injection into the elbow to relieve symptoms. In this case there is insufficient evidence of failure of conservative care of 12 months to warrant a lateral epicondylar release from the exam note of 11/24/14. Therefore, this request is not medically necessary.