

Case Number:	CM14-0036244		
Date Assigned:	06/25/2014	Date of Injury:	03/30/2012
Decision Date:	01/28/2015	UR Denial Date:	03/18/2014
Priority:	Standard	Application Received:	03/25/2014

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 Florida. 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 injured worker is a 34-year-old female who reported injuries due to cumulative trauma on 03/30/2012. On 07/07/2014, her diagnoses included ongoing chronic medial epicondylitis of the right elbow. There was tenderness noted at the medial epicondyle. Her complaints included intermittent moderate pain of the right elbow aggravated by lifting, carrying, pushing, and pulling. She complained of numbness and tingling to the 3rd, 4th, and 5th fingers of the right hand. She stated that she dropped things spontaneously. Her ranges of motion in the right elbow measured in degrees were: flexion 125/135; extension 0/0; supination 60/85; and pronation 73/85. There was no rationale included in this injured worker's chart. A Request for Authorization dated 05/13/2014 was included.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right elbow surgery: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 44-49.

Decision rationale: The request for right elbow surgery is not medically necessary. The California ACOEM Guidelines note that referral for surgical consultation for elbow disorders may be indicated for patients who have significant limitations of activity for more than 3 months; failure to improve with exercise programs to increase range of motion and strength of the musculature around the elbow; or clear clinical and electrophysiological or imaging evidence of a lesion that has been shown to benefit in both the short and long term from surgical repair. The type of surgery to be performed was not included in the request. Therefore, this request for right elbow surgery is not medically necessary.

Post-op physical therapy, 36 visits: 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.