

Case Number:	CM15-0002516		
Date Assigned:	01/13/2015	Date of Injury:	06/08/2014
Decision Date:	03/19/2015	UR Denial Date:	12/12/2014
Priority:	Standard	Application Received:	01/06/2015

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: Minnesota, Florida
 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:

The injured worker is a 30 year old male, who sustained an industrial injury on 06/08/2014. He has reported subsequent pain, loss of motion, stiffness, swelling, tingling and weakness of the right upper extremity. The diagnoses have included right lateral epicondyle tear, right tennis elbow and right elbow pain. Treatment to date has included physical therapy and oral pain medication. Currently the injured worker complains of continued 5-7/10 pain in the right elbow. Objective findings showed grip strength of 45 pounds on the right side and 110 pounds on the left side. All other findings were documented as within normal limits. It appears that the most recent physician report from 11/19/2014 is missing a couple of pages. A request was made for right elbow arthroplasty, chondroplasty and post-operative physical therapy. On 12/12/2014, Utilization Review non-certified a request for right elbow arthroplasty, chondroplasty and 12 visits of post-operative physical therapy, noting that there was no evidence that the injured worker had exhausted conservative treatment and that since the right elbow surgery is non-certified, the request for physical therapy cannot be approved. MTUS, ACOEM and ODG guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right elbow arthroplasty, chondroplasty: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 35, 36. Decision based on Non-MTUS Citation Section: Elbow, Topic: Surgery for epicondylitis

Decision rationale: MRI scan of the right elbow dated 10/30/2014 revealed a minimal effusion. There was a tiny focal area of increased signal in the lateral collateral ligament complex in the region of the common extensor tendon origin just adjacent to the lateral epicondyles that may represent a very small partial tear or lateral epicondylitis for which clinical correlation was recommended. There is a request for authorization dated 12/8/2014 for surgical arthroscopy of the right elbow, chondroplasty of the capitellum, lateral epicondylectomy, and repair of extensor carpi radialis brevis. California MTUS guidelines indicate that surgery should be a consideration for those patients who have failed to improve after a minimum of 6 months of care that includes at least 3-4 different types of conservative treatment. ODG guidelines indicate that over 95% recover with conservative treatment. Surgical indications include 12 months of compliance with nonoperative management, failure to improve with NSAIDs, elbow bands, straps, activity modification, physical therapy exercise programs to increase range of motion and strength of the musculature around the elbow. The documentation available at this time does not indicate that conservative treatment has been exhausted. Corticosteroid injections have not been given. As such, the request for arthroscopic surgery of the right elbow with chondroplasty of the capitellum, lateral epicondylectomy, and repair of extensor carpi radialis brevis is not supported by guidelines and the medical necessity of the surgical procedure is not substantiated.

Associated surgical service: physical therapy for the right elbow, 2 times a week for 6 weeks; 12 sessions: 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.