

Case Number:	CM15-0100037		
Date Assigned:	06/02/2015	Date of Injury:	05/21/2013
Decision Date:	08/25/2015	UR Denial Date:	04/29/2015
Priority:	Standard	Application Received:	05/26/2015

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: 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:

The injured worker is a 48 year old female, who sustained an industrial/work injury on 5/21/13. She reported initial complaints of right elbow pain. The injured worker was diagnosed as having right elbow medial and lateral epicondylitis. Treatment to date has included medication, diagnostics, injections, and physical therapy. MRI results were reported on 11/13/14 revealed moderately severe lateral epicondylitis with interstitial partial tearing of the common extensor origin, no evidence for ligament tear of the biceps and triceps tendons. Currently, the injured worker complains of increase in pain while moving and stretching. Per the primary physician's progress report (PR-2) dated 3/30/15, examination revealed no swelling and full range of motion with minimal discomfort, mild tenderness to palpation over the medial and lateral elbow, 4/5 strength. Plan of care was surgical treatment. The request treatments include medial epicondylectomy, common flexor tendon repair, Preoperative surgical clearance chest x-rays, Preoperative surgical clearance EKG (electrocardiogram), Preoperative surgical clearance blood work, Preoperative surgical clearance history and physical, and Post- operative physical therapy 3 times weekly for 4 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Medial Epicondylectomy, common flexor tendon repair: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 44-45.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 35.

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. In this case, there is insufficient evidence of failure of conservative care to warrant a medial epicondylar release. In addition there is no evidence of significant medial epicondylitis from the MRI of 11/13/14 demonstrating a surgical lesion. Therefore determination is not medically necessary.

Preoperative surgical clearance chest x-rays: 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 surgical clearance EKG (electrocardiogram): 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 surgical clearance blood work: 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 surgical clearance history and physical: 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.

Post operative physical therapy 3 times weekly for 4 weeks, quantity: 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.