

Case Number:	CM15-0130253		
Date Assigned:	07/21/2015	Date of Injury:	09/05/2013
Decision Date:	08/19/2015	UR Denial Date:	06/18/2015
Priority:	Standard	Application Received:	07/06/2015

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: Montana, Oregon, Idaho
 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 58-year-old female, who sustained an industrial injury on 9/05/2013. The medical records submitted for this review did not include the details regarding the initial injury. Diagnoses include right medial and lateral epicondylitis, cervical radiculitis, and right cubital tunnel syndrome. Treatments to date include NSAIDS, physical therapy, acupuncture treatments, and multiple cortisone injections. Currently, she complained of right elbow and right wrist pain associated with swelling. On 12/3/14, the physical examination documented tenderness over the epicondyle and pain with range of motion. There were muscle spasms noted to the forearm. The appeal requested authorization for right lateral and medial epicondyle debridement with partial epicondylectomy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right lateral and medial epicondyle debridement with partial epicondylectomy: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Elbow (updated 10/20/14).

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. 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. Therefore, determination is for non-certification. 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 MRI report attached demonstrating a surgical lesion. Therefore, determination is not medically necessary.