

Case Number:	CM15-0160517		
Date Assigned:	08/26/2015	Date of Injury:	03/23/2015
Decision Date:	09/30/2015	UR Denial Date:	07/17/2015
Priority:	Standard	Application Received:	08/17/2015

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, Hand Surgery, Sports Medicine

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 50-year-old male, who sustained an industrial injury on 3-23-15. He reported left elbow pain related to repetitive motions. The injured worker was diagnosed as having left medial epicondylitis. Treatment to date has included physical therapy and a left medial epicondyle injection that worsened pain, a tennis elbow strap, Ultram, Relafen and Mobic. A left elbow MRI on 4-16-15 showed moderate tendinosis with partial thickness tearing. On 6-12-15, the injured worker rated his pain an 8-9 out of 10. He has not been taking any medications because they do not help with pain and cause stomach upset. The treating physician administered a left medial epicondyle injection of Kenalog and Lidocaine during the visit. As of the PR2 dated 7-10-15, the injured worker reports left elbow pain. He rates his pain a 9 out of 10. Objective findings include moderate tenderness to the left medial epicondyle, no subluxation of the ulnar nerve at the elbow and no elbow swelling. The treating physician requested a left medial epicondylitis release.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left medial epicondylitis release: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 603-606. Decision based on Non-MTUS Citation Official Disability Guidelines, Elbow Disorders, Surgery for Epicondylitis.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 36.

Decision rationale: This is a request for surgical release for medial epicondylalgia. The California MTUS notes that treatment for medial epicondylalgia is inferred from lateral epicondylalgia, which is more common. Surgery is considered for patients, "who failed to improve after a minimum of 6 months of care that includes at least 3-4 different types of conservative treatment. However, there are unusual circumstances in which, after 3 months of failed conservative treatment, surgery may be considered" (Page 36). In this case is documented that symptoms began in March 2015 and remain severe despite activity modification, multiple medications including ibuprofen, Mobic, Relafen and Ultram, supervised therapy, counterforce bracing and corticosteroid injection and the injured worker has correlating findings on MRI. Therefore, consideration of surgery is appropriate at this time.