

Case Number:	CM15-0023144		
Date Assigned:	02/12/2015	Date of Injury:	08/15/2013
Decision Date:	04/07/2015	UR Denial Date:	01/06/2015
Priority:	Standard	Application Received:	02/06/2015

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: California

Certification(s)/Specialty: Orthopedic 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 46-year-old female who reported an injury on 08/15/2013. The mechanism of injury was not specified. Her relevant diagnoses include bilateral elbow medial lateral epicondylitis. Her past treatments included physical therapy, occupational therapy, surgery, medications, ice, and splinting. On 10/22/2014, a left forearm MRI revealed no discrete mass or abnormal fluid collection with evidence indicating a normal evaluation of the left forearm. On 12/19/2014, the injured worker complained of bilateral wrist and elbow pain with associated numbness. The injured worker also indicated the left wrist pain and lateral elbow pain. The physical examination of the left elbow revealed no abnormalities or ecchymosis. There was moderate tenderness to palpation at the medial epicondyle. The left elbow range of motion was noted with flexion at 140 degrees, extension at 0 degrees, pronation at 80 degrees, and supination at 80 degrees. There was also absence of crepitus. The injured worker's motor strength was indicated to be within normal values. The injured worker's valgus, varus, posterolateral, and pivot shift test were indicated to be stable. There is also an absence of a Tinel's test. Sensation was also indicated to be intact. The treatment plan included continuing ice and cold therapy, NSAIDs, splinting, and immobilization. The treatment plan also included a surgical intervention to include a left elbow medial epicondyle debridement, flexor tendon origin release with debridement and repair. A rationale was not provided. A Request for Authorization form was submitted without a date for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left elbow Meial Epicondyle Debridement, common tendon orgin release, debridement and 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): 44-45.

Decision rationale: The request for left elbow meial epicondyle debridement, common tendon orgin release, debridement and repair is not medically necessary. According to the California MTUS/ACOEM Guidelines, surgical consideration would be indicated for patients who have significant limitations of activity for at least 3 months, have failed to improve with exercise programs to increase range of motion and strength of the musculature around the elbow, and clear clinical/electrodiagnostic imaging evidence of a lesion. Furthermore, surgical considerations for lateral epicondyle indicate that surgical consideration may be considered after at least 3 to 6 months of conservative treatment. The injured worker was indicated to have complaints of left elbow pain. However, there was lack of documentation in regards to conservative care for at least 3 to 6 months and documentation indicating significant limitations of activity. There was also lack of documentation to indicate failed improvement with exercise programs specifically targeted for range of motion and strengthening of the musculature around the elbow. Furthermore, there was lack of diagnostic studies indicating evidence of a lesion that would be shown to have benefits in both the short and long term from surgical repair. With the absence of the above, the request is not supported by the evidence based guidelines. As such, the request is not medically necessary.