

Case Number:	CM15-0023174		
Date Assigned:	02/12/2015	Date of Injury:	11/24/2014
Decision Date:	04/07/2015	UR Denial Date:	01/30/2015
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 57-year-old male who reported an injury on 11/24/2014 due to repetitive use. The injured worker's diagnoses include left elbow strain/sprain, left knee strain/sprain with aggravated chondromalacia patella of the left knee secondary to repetitive use, partial tearing of the common extensor tendon of the left lateral humeral epicondylar region. His past treatments included activity modification, medications, physical therapy and cortisone injections. The injured worker underwent a left elbow MRI on 01/21/2015, which revealed common extensor tendinosis and a low grade intrasubstance partial tearing consistent with lateral epicondylitis and mild tendinopathy of the common flexor tendon complex. On 01/23/2015, the injured worker complained of considerable pain in his left elbow. The physical examination revealed tenderness to palpation in the lateral epicondylar region of the elbow with soft tissue swelling, along with pain with resisted dorsiflexion of the left wrist and lateral epicondyle region of the elbow. The treatment plan included undergoing a lateral humeral epicondyle release of the left elbow as conservative treatments have not provided relief. A Request for Authorization form was not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left elbow lateral humeral epicondylar release: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007). Decision based on Non-MTUS Citation Official Disability Guidelines- TWC, Elbow disorder.

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

Decision rationale: The request for a left elbow lateral humeral epicondyle release is not medically necessary. According to the California MTUS/ACOEM Guidelines, surgery within the first 3 months is only rarely indicated for conditions that present for initial treatment. Furthermore, the injured worker should have undergone conservative care for a minimum of 3 to 6 months that included at least 3 to 4 different types of conservative treatments prior to considering the surgery. The injured worker was noted to have pain in the lateral epicondylar region of the elbow. However, there was lack of documentation in regard to 3 to 4 different types of conservative treatments for at least 6 months prior to considering the surgery. Based on the above, the request is not supported by the evidence based guidelines. As such, the request for left elbow lateral humeral epicondyle release is not medically necessary or appropriate.