

Case Number:	CM15-0217945		
Date Assigned:	11/09/2015	Date of Injury:	05/21/2014
Decision Date:	12/22/2015	UR Denial Date:	10/02/2015
Priority:	Standard	Application Received:	11/05/2015

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, Oregon, Washington
 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 37 year old male, who sustained an industrial injury on 5-21-2014. The injured worker is undergoing treatment for left upper extremity pain. On 8-26-15, he reported left shoulder and left upper extremity pain rated 5 out of 10. He indicated feeling that his pain was improved. He indicated left elbow pain rated 7 out of 10 with numbness and tingling in the left hand, left arm pain rated 5 out of 10 with numbness and tingling in the left ring finger and middle finger. A QME report dated 7-20-15 is reported to recommend anti-inflammatories, and injections of the left elbow, and if this was unsuccessful to then surgery. Physical examination revealed decreased left shoulder, left elbow and forearm ranges of motion, tenderness in the left elbow, positive impingement, and Hawkins-kennedy testing. The records do not discuss completion of cortisone injections of the left elbow. There is no discussion of presurgical physical therapy being completed, or a home exercise program. The treatment and diagnostic testing to date has included modified activity and rest, medications, QME (7-20-15). Medications have included Relafen, and Prilosec. Current work status: unclear. The request for authorization is for: physical therapy 2 times weekly for 3 weeks for the left elbow, and left tennis elbow repair. The UR dated 10-2-15: non-certified the request for left tennis elbow repair, and physical therapy 2 times weekly for 3 weeks for the left elbow.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left tennis elbow repair: Upheld

Claims Administrator guideline: Decision based on MTUS Elbow Complaints 2007, Section(s): Lateral Epicondylalgia.

MAXIMUS guideline: Decision based on MTUS Elbow Complaints 2007, Section(s): Lateral Epicondylalgia. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Elbow section, Surgery for epicondylitis.

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/tennis elbow repair. Therefore the proposed surgery is not medically necessary.

Associated Surgical Service: Physical therapy for the left elbow twice a week for three weeks: 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.