

Case Number:	CM15-0040769		
Date Assigned:	03/10/2015	Date of Injury:	06/10/2013
Decision Date:	04/23/2015	UR Denial Date:	02/11/2015
Priority:	Standard	Application Received:	03/03/2015

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

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 40-year-old female, who sustained an industrial injury on June 10, 2013. She reported pain running through both arms to the neck. The injured worker was diagnosed as having right tennis elbow syndrome. Treatment to date has included x-rays, electrodiagnostic studies, MRI, activity modifications, wrist brace and elbow strap, steroid injections, and oral pain, topical pain, muscle relaxant, and non-steroidal anti-inflammatory medications. The records refer to a prior course of physical therapy, but do not provide specific dates or results. On January 7, 2015, the injured worker complains of constant pain with weakness and stiffness in the bilateral elbows. The physical exam revealed full active range of motion of the elbows, point tenderness over the left epicondyle, and diffuse tenderness over the elbows. There was intact sensation, motor fracture, reflexes, and circulation of the upper extremities. Provocative testing is positive left lateral epicondylitis. Grip strength measurements were 10/8/8 on the right and 12/8/8 on the left. The treatment plan includes a left tennis elbow release.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right Tennis Elbow Release: Upheld

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

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 in the exam note of 1/7/15, to warrant a lateral epicondylar release. Therefore, the request is not medically necessary.

Post-Operative Physical Therapy (12-sessions, 2 visits per week for 6 weeks, for the right elbow): Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 17.

Decision rationale: As the requested surgical procedure is not medically necessary, none of the associated services are medically necessary and appropriate.