

Case Number:	CM15-0053710		
Date Assigned:	03/27/2015	Date of Injury:	02/18/2009
Decision Date:	05/14/2015	UR Denial Date:	02/19/2015
Priority:	Standard	Application Received:	03/20/2015

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 48-year-old female who reported a repetitive strain injury on 02/18/2010. The injured worker is currently diagnosed with medial epicondylitis of the right elbow. On 01/26/2015, the injured worker presented for a re-evaluation of the right elbow. The injured worker reported persistent pain. It was noted that the injured worker was status post a bilateral elbow lateral epicondylitis surgery. Upon examination of the right elbow, there was significant tenderness to palpation over the medial epicondyle with a positive Tinel's sign at the cubital tunnel. The injured worker also reported intermittent numbness in the ring and small finger. Recommendations at that time included a right elbow medial epicondylitis tenotomy and debridement. Postoperative physical therapy was also recommended. There was no Request for Authorization form submitted for this review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Medial epicondylitis-right elbow with regional block under general anesthesia: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 44-49.

Decision rationale: California MTUS/ACOEM Practice Guidelines state a referral for surgical consultation may be indicated for patients who have significant limitation of activity for more than 3 months, failure to improve with exercise programs, and clear clinical and imaging evidence of a lesion. It was noted on 02/11/2015, the injured worker was referred for an MRI of the right elbow to document evidence of medial epicondylitis. The official imaging study was not provided for this review. There was also no mention of an exhaustion of conservative treatment. The physical examination only revealed tenderness to palpation with a positive Tinel's sign. There is no documentation of a significant functional limitation. Given the above, the request is not medically appropriate at this time.

Post-operative OT (Occupational Therapy) two times a week for 6 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007).

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.

Associated surgical service-post operative custom splinting: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007).

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.

Preoperative medical clearance- EKG, CBC, UA, PT, PTT, electrolytes: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007).

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.