

Case Number:	CM15-0059566		
Date Assigned:	04/06/2015	Date of Injury:	06/11/2012
Decision Date:	05/29/2015	UR Denial Date:	03/11/2015
Priority:	Standard	Application Received:	03/30/2015

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 47-year-old male, who sustained an industrial injury on 06/11/2012 after lifting heavy buckets. The diagnoses have included right elbow recurrent medial epicondylitis status post debridement and repair. On provider visit dated 01/12/2015 the injured worker has reported right elbow pain that is persistent and worse with forceful lifting and pressure over incision. He was noted to have pain with activities of daily living. On examination of the right elbow, he was noted to have healed incision with no swelling, no erythema, no atrophy, no skin lesions, moderate to severe tenderness medial epicondyle, no tenderness along the radial tunnel, no tenderness at the cubital tunnel, moderate pain with resisted wrist flexion, localized medial epicondyle and a decreased range of motion was noted. Treatment to date has included MRI, laboratory studies, x-rays, medication, physical therapy and occupational therapy. The provider requested a right elbow medial partial epicondylectomy, common flexor tendon origin release, debridement and repair, facility outpatient, consultation and pre - op clearance, and urine drug screen.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right Elbow Medial Partial Epicondylectomy, Common Flexor Tendon Origin Release, Debridement and Repair: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 36. Decision based on Non-MTUS Citation Work Loss Data Institute, Elbow (Acute & Chronic).

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 limitations of activity for more than 3 months, failure to improve with exercise programs, and clear clinical and electrophysiologic or imaging evidence of a lesion. Quality studies are not available on surgery for a medial epicondylalgia. Surgery for medial epicondylalgia should only be a consideration for those patients who fail to improve after a minimum of 6 months of care that includes at least 3 to 4 different types of conservative treatment. In this cast, the injured worker has been previously treated with surgical intervention, noting initial improvement with the surgery, followed by an increase in symptoms, the injured worker reported mild improvement with cortisone injections; then reported no response to the most recent injection. While it is noted that the injured worker exhibits tenderness over the medial epicondyle with pain on resisted wrist flexion, an MRI dated 12/18/2014 indicated an intact postoperative appearance. There has been no discussion from the treating physician regarding a differential diagnosis considering the injured worker's lack of response to treatment for medial epicondylitis or the rationale for the recurrence of symptoms. Given the above, the medical necessity for the requested procedure has not been established in this case. As such, the request is not medically appropriate.

Facility Outpatient: 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.

Consultation and Pre Op Medical Clearance: 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.

Urine Drug Screen: 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.