

Case Number:	CM15-0088036		
Date Assigned:	05/12/2015	Date of Injury:	09/05/2013
Decision Date:	06/12/2015	UR Denial Date:	04/10/2015
Priority:	Standard	Application Received:	05/07/2015

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, Indiana, Oregon
 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 60-year-old female, who sustained an industrial injury on September 5, 2013. She reported right elbow pain with associated right hand numbness and right neck pain with associated left hand numbness constant with use and better with rest. The injured worker was diagnosed as having right medial and lateral epicondylitis status post multiple cortisone shots, cervical radiculitis and neuralgia and right cubital tunnel syndrome. Treatment to date has included diagnostic studies, cortisone injections, medications, physical therapy and work restrictions. Currently, the injured worker complains of continued right elbow pain with associated right hand numbness and right neck pain with associated left hand numbness constant with use and better with rest. The injured worker reported an industrial injury in 2013, resulting in the above noted pain. She was treated conservatively without complete resolution of the pain. It was noted physical therapy and cortisone injections provided minimal benefit. Evaluation on July 16, 2014, revealed continued pain as noted. Evaluation on December 3, 2014, revealed continued pain as noted. Right medial & lateral epicondyle debridement with partial epicondylectomy was requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right Medial & Lateral Epicondyle Debridement with Partial Epicondylectomy:
 Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) elbow.

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 has been appropriate non-operative management documented on the exam note from 7/16/14 in the form of 12 visits of PT and multiple injections with return of symptoms. Based on this, the guideline criteria are satisfied and the request is medically necessary.