

Case Number:	CM15-0235841		
Date Assigned:	12/11/2015	Date of Injury:	04/29/2011
Decision Date:	01/19/2016	UR Denial Date:	11/13/2015
Priority:	Standard	Application Received:	12/02/2015

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: Maryland

Certification(s)/Specialty: Internal Medicine, Rheumatology

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 48 year old female injured worker suffered an industrial injury on 4-29-2011. The diagnoses included ulnar nerve lesion, lateral epicondylitis, and a lesion to the radial nerve. On 9-24-2015, the second opinion hand surgeon reported she had right lateral epicondylitis arthroscopic release 7-2013. He reported she had relief for several months but symptoms recurred. He diagnoses right lateral epicondylitis, recurrent post prior surgery. He recommended a single-stage right lateral epicondylitis debridement and right radial tunnel decompression. On 10-26-2015 provider reported persistent severe right upper extremity pain and wanted to proceed with surgery. Request for Authorization dated 11-5-2015 included a request for right lateral epicondylitis debridement and right radial tunnel decompression and follow-up with the surgeon. The IMR and UR stated "follow-up post-op visit with surgeon". The medical record and RFA did not indicate the Follow-Up visit was pre-operative or post-operative visit. Utilization Review on 11-13-2015 determined non-certification for Follow up post-operative visit with surgeon.

IMR ISSUES, DECISIONS AND RATIONALES

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

Follow up post-operative visit with surgeon: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Treatment Index 20th Edition (web), 2015 Updates: Elbow Chapter- Office visits.

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

Decision rationale: This 48 year old female has complained of elbow pain since date of injury 4/29/2011. She has been treated with surgery, physical therapy and medications. The current request is for follow up post op visit with surgeon. The available medical records do not provide documentation of an upcoming planned surgery. A follow up post op visit with the surgeon is therefore not indicated as medically necessary at this time. On the basis of the available medical records and per the MTUS guidelines cited above, the request for follow up post op visit with the surgeon is not indicated as medically necessary.