

Case Number:	CM13-0060426		
Date Assigned:	12/30/2013	Date of Injury:	08/30/2012
Decision Date:	05/21/2014	UR Denial Date:	11/04/2013
Priority:	Standard	Application Received:	12/03/2013

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. The expert reviewer is Board Certified in Orthopedic Surgery and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 claimant is a 34-year-old gentleman who was injured October 3, 2012 sustaining an injury to the low back. Recent review of an August 29, 2013 Utilization Review indicated the claimant to be certified for surgical procedure to include an anterior posterior lumbar fusion at the L5-S1 level. Further review of the clinical records for this 34-year-old individual fails to demonstrate any degree of underlying comorbidity or medical diagnosis. There is a specific request in regard to the claimant's perioperative course of care for preoperative medical clearance for the above mentioned surgical process.

IMR ISSUES, DECISIONS AND RATIONALES

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

RIGHT ELBOW DEBRIEDMENT OF PATHOLOGIC TISSUE/DRILLING: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 603-606. Decision based on Non-MTUS Citation Official Disability Guidelines, Elbow.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 603-608.

Decision rationale: The claimant does not meet the CA MTUS/ACOEM guidelines for surgery for lateral epicondylitis. The claimant has not demonstrated failure of 6 months of nonsurgical

management in the records reviewed. In addition the MRI of the right elbow from 10/4/13 demonstrates no appreciable pathology to warrant any surgical care. Therefore the request for right elbow debridement of pathologic tissue/drilling is not medically necessary and appropriate.

PREOPERATIVE LABS: 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), Low Back-Preoperative Lab Testing

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the surgical procedure is not medically necessary, none of the associated services are medically necessary.