

Case Number:	CM14-0110041		
Date Assigned:	08/01/2014	Date of Injury:	05/01/2013
Decision Date:	10/09/2014	UR Denial Date:	06/20/2014
Priority:	Standard	Application Received:	07/15/2014

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, has a subspecialty in Hand Surgery and is licensed to practice in Texas. 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 injured worker is a 61-year-old male who reported an injury on 05/01/2013. The mechanism of injury was not provided. The injured worker's medications included naproxen and Motrin 800 mg. The diagnostic studies were not provided. The diagnoses included other injury of elbow, forearm, and wrist. Prior treatments included physical therapy, an injection, and acupuncture. The diagnoses included left elbow lateral epicondylitis with extensor tendinopathy. The documentation of 04/04/2014 revealed the injured worker had an injection at the last visit. The injection provided temporary pain relief. The objective findings revealed left lateral epicondyle tenderness and with resisted wrist-finger extension testing the injured worker had left lateral elbow pain. The injured worker had 4/5 left wrist extension on manual resistance testing. The injured worker had no joint crepitus. The injured worker had a negative Tinel's sign. The treatment plan included the physician opined that the injured worker was a reasonable candidate for surgical treatment and an MRI was reasonable as a preoperative examination. There was no Request for Authorization submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left Elbow Extensor Tendon Debridement and repair: 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: The American College of Occupational and Environmental Medicine indicate a surgical consultation may be appropriate for an injured worker who has a failure to improve with an exercise program to increase the range of motion and strength of the musculature around the elbow and has clear clinical and electrophysiologic or imaging evidence of a lesion that has been shown to benefit in both the short and long term from surgical repair. Additionally, it is indicated that conservative care should be maintained for a minimum of 3 to 6 months for the treatment of lateral epicondylalgia. There was a lack of documentation of an exhaustion of conservative care. The clinical documentation submitted for review failed to provide MRI or electrophysiologic evidence of a lesion that has been shown to benefit in both the long and short term from surgical intervention. Given the above, the request for left extensor tendon debridement and repair is not medically necessary.