

Case Number:	CM14-0158505		
Date Assigned:	10/02/2014	Date of Injury:	03/22/2010
Decision Date:	10/30/2014	UR Denial Date:	08/28/2014
Priority:	Standard	Application Received:	09/26/2014

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 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 46-year-old female injured in a work related accident on 03/22/10. The clinical progress report of 08/27/14 documented a current diagnosis of lateral epicondylitis of the left elbow. It stated that the claimant has been treated with prior corticosteroid injections of platelet rich plasma injection with no significant benefit over the past six months. The claimant continues to be symptomatic with tenderness on examination at the lateral epicondyle. Previous documentation in the medical records documents chronic treatment for the above-related condition. Based on failed conservative care, the recommendation was made for lateral epicondylar release of the left elbow.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lateral Release-Left Elbow: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG (Official Disability Guidelines); Elbow Chapter

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 36.

Decision rationale: Based on the California ACOEM Guidelines, the request for Lateral Release of The Left Elbow is not recommended as medically necessary. ACOEM Guidelines in regards to lateral epicondylar release surgery recommend surgery for individuals who fail six months or greater of conservative care that includes "at least three to four different types" of conservative treatment. Records in this case indicate the claimant has only been treated over the past six months with injection care. Without documentation of three to four different types of conservative measures, the request for lateral release of the left elbow cannot be supported as medically necessary.

Associated Surgical Service: 8 Physical Therapy Sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

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

Decision rationale: The proposed surgery is no medically necessary. Therefore, the request for Associated Surgical Service: Postoperative Physical Therapy is also not medically necessary.

Associated Surgical Service: Pre-Op Clearance prior to surgery: 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: The proposed surgery is no medically necessary. Therefore, the request for Associated Surgical Service: preoperative medical clearance is also not medically necessary.