

Case Number:	CM14-0192759		
Date Assigned:	11/21/2014	Date of Injury:	04/16/2008
Decision Date:	11/21/2014	UR Denial Date:	10/31/2014
Priority:	Expedited	Application Received:	11/18/2014

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 Surgeon and Hand Surgeon and is licensed to practice in South Carolina and Tennessee. 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 42-year-old female who reported an injury on 04/16/2008. The mechanism of injury was cumulative trauma. The injured worker's medications were not provided. The injured worker underwent a right carpal tunnel release with postoperative rehabilitation. The documentation indicated the injured worker was treated with an elbow extension splint and prescribed medications. The documentation of 10/20/2014 revealed the injured worker obtained an MRI of her wrist and elbow. The injured worker had complaints of right lateral elbow pain made worse by resisted range of motion, particularly with wrist extension and anterior and posterior right shoulder pain made worse by forward flexion. The physical examination revealed there was tenderness over the lateral epicondyle and pain was accentuated by resisted wrist extension. The diagnosis included lateral epicondylitis right elbow. The treatment plan included a right elbow surgery and postoperative analgesic medication and physical therapy. The injured worker was noted to have EMG/nerve conduction studies on 08/02/2008. There was a 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:

Right Elbow Arthroscopy: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 44-49.

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 indicates surgical consultation may be appropriate for injured workers who have significant limitation of activity for more than 3 months, a failure to improve with exercise programs and to increase range of motion and strength of the musculature around the elbow, or clear clinical and electrophysiologic evidence or imaging evidence of a lesion that has been shown to benefit in the long and short term from surgical repair. There was a lack of documentation of a failure of conservative care and there was a lack of documentation including an MRI or electrophysiologic evidence to support the necessity for surgical intervention. The request as submitted failed to indicate the specific surgical intervention that was being requested. Given the above, the request for right elbow arthroscopy is not medically necessary.