

Case Number:	CM14-0112681		
Date Assigned:	08/01/2014	Date of Injury:	06/11/2010
Decision Date:	01/20/2015	UR Denial Date:	06/20/2014
Priority:	Standard	Application Received:	07/18/2014

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 Family Medicine 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:

This is a 44 year old female patient who sustained a work related injury on 5/11/10. Patient sustained the injury due to cumulative trauma. The current diagnosis includes chronic lateral epicondylitis. Per the doctor's note dated 6/9/14, patient has complaints of constant bilateral elbow pain with burning, loss of strength, numbness and tingling. Physical examination revealed tenderness on palpation and limited range of motion. The current medication lists include Motrin, Flexeril and Lisinopril. The patient has had left elbow MRI dated 8/13/12 that revealed a small partial tear of the common extensor tendon; right elbow MRI dated 8/13/ 12 that was unremarkable; EMG/ NCV studies that revealed carpal tunnel syndrome and cubital tunnel syndrome. She had received PRP (platelet rich plasma) for this injury. The patient's surgical history includes right carpal tunnel release and right ulnar nerve decompression in November 2010. The patient has received an unspecified number of the PT and chiropractic visits for this injury. The patient has used a brace for this injury.

IMR ISSUES, DECISIONS AND RATIONALES

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

Medical clearance (office visit): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 127.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 7, IME and consultations

Decision rationale: Per the cited guidelines, "The occupational health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise." Any recent detailed clinical evaluation note of treating physician was not specified in the records. Rationale for repeating for a Medical clearance (office visit) was not specified in the records provided. Any evidence that the diagnosis is uncertain or extremely complex was not specified in the records provided. Any evidence of psychosocial factors or plan or course of care may benefit from additional expertise was not specified in the records provided. The medical necessity of the Medical clearance (office visit) is not fully established in this patient and is therefore not medically necessary. The medical necessity of the Medical clearance (office visit) is not fully established in this patient.