

Case Number:	CM14-0214366		
Date Assigned:	01/07/2015	Date of Injury:	04/06/2013
Decision Date:	02/28/2015	UR Denial Date:	12/03/2014
Priority:	Standard	Application Received:	12/22/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Orthopedic Surgery, Sports Medicine

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 47-year-old female who reported an injury on 04/06/2013. The mechanism of injury was not submitted for review. The injured worker has a diagnosis of assault of unspecified means, contusion of the elbow, lateral epicondylitis, and anxiety disorder not otherwise specified. Past medical treatment consists of medications by mouth which consist of omeprazole 20 mg, orphenadrine ER 100 mg, and capsaicin liquid. It was noted that the injured worker could not tolerate the medications by mouth so they would be discontinued. No diagnostics were submitted for review. On 11/19/2014, the injured worker complained of left elbow pain. Physical examination revealed that the left elbow was tender to palpation. The injured worker resisted wrist dorsiflexion due to produced pain. Wrist dorsiflexion was slightly reduced in strength. Range of motion was grossly intact. Medical treatment plan is for the injured worker to follow up with internist and psychiatrist, and undergo left elbow lateral epicondylar debridement. Rationale and Request for Authorization form were not 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 lateral epicondylar debridement: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Elbow, Surgery for Epicondylitis

Decision rationale: The request for left elbow lateral epicondylar debridement is not medically necessary. The Official Disability Guidelines recommend for chronic lateral epicondylitis surgery when there is evidence of limited to severe entrapment neuropathies over 95% recover with conservative treatment, 12 months of compliance with non-operative management to include failure to improve with NSAIDs, elbow bands/straps, activity modification, and PT exercise programs to increase range of motion and strength of the musculature around the elbow. Additional, the criteria consists of long term failure with at least 1 type of injection, ideally with documented short term relief from the injection. Any of the 3 main surgical approaches are acceptable; open, percutaneous, and arthroscopic. The submitted documentation did not indicate that the injured worker had undergone and failed conservative treatment. Additionally, there was no mention of the use of elbow bands/straps or activity modification. Furthermore, there was no evidence of the injured worker having undergone any type of injection. Given the above, the injured worker is not within guideline criteria. As such, the request is not medically necessary.