

Case Number:	CM15-0119254		
Date Assigned:	06/29/2015	Date of Injury:	01/16/2013
Decision Date:	07/31/2015	UR Denial Date:	06/18/2015
Priority:	Standard	Application Received:	06/19/2015

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, Indiana, Oregon
 Certification(s)/Specialty: Orthopedic Surgery

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 58 year old female with an industrial injury dated 01/16/2013. Her diagnoses included right medial epicondylitis and right lateral epicondylitis. Prior treatment included cortisone injections. In the progress note dated 03/10/2015 she notes good temporary relief of pain with cortisone injections. The only records available for review are dated 03/10/2015 and 06/09/2015. She presents on 06/09/2015 for follow up of her right elbow. She continued to have pain about her medial and lateral epicondyle which was aggravated by work procedures. Physical examination revealed point tenderness about the medial epicondyle and point tenderness about the lateral epicondyle. There was good range of motion of the arm with normal sensation in the ulnar nerve distribution. The requested treatment is for right tennis elbow release.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right tennis elbow release: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

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

Decision rationale: CA MTUS/ACOEM Elbow chapter, page 35 recommends a minimum of 3-6 months of conservative care prior to contemplation of surgical care. ODG, Elbow section, Surgery for epicondylitis, recommends 12 months of non-operative management with failure to improve with NSAIDs, elbow bands/straps, activity modification and physical therapy program. In addition there should be failure of injection into the elbow to relieve symptoms. In this case there is insufficient evidence of failure of conservative care of 12 months in the exam note of 6/9/15 to warrant a lateral epicondylar release. Therefore the request is not medically necessary.