

<b>Case Number:</b>	CM15-0175237		
<b>Date Assigned:</b>	09/16/2015	<b>Date of Injury:</b>	11/27/2012
<b>Decision Date:</b>	11/17/2015	<b>UR Denial Date:</b>	08/26/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/04/2015

### 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

Certification(s)/Specialty: Emergency 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 58 year old female, who sustained an industrial injury on November 27, 2012, incurring bilateral elbow injuries. On January 29, 2014, the injured worker underwent a right medial elbow surgical debridement and fasciotomy. Her left elbow was diagnosed as having positive testing for medial epicondylitis. Treatment included medication management, cortisone injection and physical therapy for the left elbow. Currently, the injured worker complained persistent left elbow pain. She was diagnosed with left medial epicondylitis, left cubital tunnel syndrome, and right medial epicondylitis. She had constant pain in her elbows that was increased with flexion, extension, lifting, carrying, pushing and pulling. She noted numbness, tingling and weakness of the forearms and hands. She rated her pain 7 out of 10 on a pain scale from 0 to 10. She noted limited range of motion of both elbows. She developed stress and depression secondary to the chronic elbow pain. The injured worker continued with pain medications, physical therapy, imaging studies, elbow braces, and steroid injections. The treatment plan that was requested for authorization on September 4, 2015, included a consultation with an orthopedic surgeon for the left elbow. On August 26, 2015, a request for a consultation with an orthopedic surgeon was denied by utilization review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Consultation with orthopedic surgeon for left elbow: Overturned**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, 2nd Edition, Chapter 7, Independent Medical Examinations and Consultations.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Introduction.

**Decision rationale:** The requested Consultation with orthopedic surgeon for left elbow, is medically necessary. California Medical Treatment Utilization Schedule (MTUS), 2009, Chronic pain, page 1, Part 1: Introduction, states "If the complaint persists, the physician needs to reconsider the diagnosis and decide whether a specialist evaluation is necessary." The injured worker underwent a right medial elbow surgical debridement and fasciotomy. Her left elbow was diagnosed as having positive testing for medial epicondylitis. Treatment included medication management, cortisone injection and physical therapy for the left elbow. Currently, the injured worker complained persistent left elbow pain. She was diagnosed with left medial epicondylitis, left cubital tunnel syndrome, and right medial epicondylitis. She had constant pain in her elbows that was increased with flexion, extension, lifting, carrying, pushing and pulling. She noted numbness, tingling and weakness of the forearms and hands. She rated her pain 7 out of 10 on a pain scale from 0 to 10. She noted limited range of motion of both elbows. She developed stress and depression secondary to the chronic elbow pain. The injured worker continued with pain medications, physical therapy, imaging studies, elbow braces, and steroid injections. The treating physician has documented persistent symptoms, positive exam findings and multiple conservative treatment modalities to establish the medical necessity for an orthopedic consultation. The criteria noted above having been met, Consultation with orthopedic surgeon for left elbow is medically necessary.