

Case Number:	CM15-0046300		
Date Assigned:	04/06/2015	Date of Injury:	01/28/2013
Decision Date:	05/14/2015	UR Denial Date:	03/04/2015
Priority:	Standard	Application Received:	03/11/2015

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: 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 male who reported an injury on 01/28/2013. The injured worker underwent an x-ray on 01/31/2013, which revealed no acute bone or joint space abnormalities with 2 chronic ossicles that may have been congenital in the humeral ulnar joint space. The documentation of 2/12/2015 revealed the injured worker had chronic recurrent right elbow pain, stiffness, swelling, and weakness resulting from a lateral contusion/strain injury. The most likely diagnosis was noted to be lateral epicondylitis rather than elbow pain secondary to osteochondral loose bodies, which was presumed based on a prior x-ray and CT scan. The injured worker was noted to have an injection into the right lateral epicondyle and extensor muscle on 01/29/2015. The injured worker indicated the elbow pain was much better for a few days. The documentation indicated the injured worker had an MRI of the right elbow on 12/31/2013, which revealed a slight separation or elevation of the lateral extensor muscle origin at the lateral epicondyle or epicondylar attachment with a tiny fluid filled defect. The diagnosis included right elbow chronic lateral epicondylitis. The documentation indicated the injured worker's injury had been recalcitrant to treatment with prolonged periods of rest and treatment with injections of local anesthetic and corticosteroids, NSAID therapy, and an exercise regimen. The treatment plan included a surgical intervention, including a modified Gardner procedure.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right Elbow Lateral Epicondylitis and Modified Gardner Repair: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 35-36.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 45-47.

Decision rationale: The ACOEM Guidelines indication that surgical consideration is appropriate when there is a patient who has significant limitations of activity for more than 3 months, failure to improve with exercise programs to increase range of motion and strength of musculature around the elbow, and clear clinical and electrophysiologic or imaging evidence of a lesion that has been shown to benefit in both the short and long term from surgical repair. Conservative care should be maintained for a minimum of 3 to 6 months for the treatment of lateral epicondylalgia. The clinical documentation submitted for review indicated the injured worker had failed conservative care. The documentation indicated the injured worker underwent steroid injections and rest. However, the MRI was not provided for review. The CT and x-ray did not indicate the injured worker had objective findings upon MRI and CT. Given the lack of documentation, the request is not medically necessary.

Long Arm Splint: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

Pre-Operative Labs: CBC, CMP, UA, CXR, and EKG: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

Assistant Surgeon: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

Physical Therapy (12-sessions): Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.