

Independent Medical Review Final Determination Letter

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Dated: 12/27/2013

IMR Case Number:	CM13-0018074	Date of Injury:	02/25/2013
Claims Number:	[REDACTED]	UR Denial Date:	08/23/2013
Priority:	STANDARD	Application Received:	08/29/2013
Employee Name:	[REDACTED]		
Provider Name:	[REDACTED]		
Treatment(s) in Dispute Listed on IMR Application:			
TENOTOMY, ELBOW, LATERAL OR MEDIAL (EG, EPICONDYLITIS, TENNIS ELBOW, GOLFER'S ELBOW); DEBRIDEMENT, SOFT TISSUE AND/OR BONE, OPEN			

DEAR [REDACTED]

MAXIMUS Federal Services has completed the Independent Medical Review ("IMR") of the above workers' compensation case. This letter provides you with the IMR Final Determination and explains how the determination was made.

Final Determination: UPHOLD. This means we decided that none of the disputed items/services are medically necessary and appropriate. A detailed explanation of the decision for each of the disputed items/services is provided later in this letter.

The determination of MAXIMUS Federal Services and its physician reviewer is deemed to be the Final Determination of the Administrative Director of the Division of Workers' Compensation. This determination is binding on all parties.

In certain limited circumstances, you can appeal the Final Determination. Appeals must be filed with the Workers' Compensation Appeals Board within 30 days from the date of this letter. For more information on appealing the final determination, please see California Labor Code Section 4610.6(h).

Sincerely,

Paul Manchester, MD, MPH
Medical Director

cc: Department of Industrial Relations, [REDACTED]

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Orthopedic Surgery 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 physician 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.

DOCUMENTS REVIEWED

The following relevant documents received from the interested parties and the documents provided with the application were reviewed and considered. These documents included:

- [REDACTED]
- [REDACTED]
- [REDACTED]
- [REDACTED]

CLINICAL CASE SUMMARY

The physician reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The claimant is a 47 year old female injured February 26, 2013 injuring her right arm and elbow while holding a door open in a twisting fashion. She was initially diagnosed with right lateral epicondylitis. The recent clinical records include a May 2, 2013 MRI of the right elbow that showed prominent tendinopathy with partial thickness tearing of the common extensor tendon origin and mild tendinopathy and edema of the common flexor tendon origin. The claimant's most recent clinical progress report available for review was a September 26, 2013 assessment stating ongoing complaints of pain about the right elbow. The record states surgical process as well as PRP injection had been denied after "multiple appeals." Her physical examination demonstrated exquisite tenderness over the common extensor origin, weakness and pain with resisted digital extension and tenderness with range of motion. Her diagnosis was right elbow tendinopathy of the common extensor origin. The claimant has been treated in the past with physical therapy, corticosteroid injections, bracing, activity restrictions and nonsteroidal agents. An appeal for a TENS unit was recommended at that time. Further documentation of treatment or further physical examination findings was not noted. At present there is a request for surgical intervention in the form of tenotomy to the elbow, lateral or medial epicondylitis and debridement.

IMR DECISION(S) AND RATIONALE(S)

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

1.Tenotomy, elbow, lateral or medial (eg. Epicondylitis, tennis elbow, golfers elbow): debridement, soft tissue and/or bone, open: is not medically necessary and appropriate.

The Claims Administrator based its decision on the Elbow Disorders Chapter (ACOEM Practice Guidelines, 2nd Edition (Revised 2007), Chapter 10), Lateral Epicondylitis, page 36, which is part of the MTUS

The Physician Reviewer based his/her decision on the Elbow Disorders Chapter (ACOEM Practice Guidelines, 2nd Edition (Revised 2007), Chapter 10), Surgical Considerations, pages 603-604, which is part of the MTUS

The Physician Reviewer's decision rationale:

Based on the CA MTUS ACOEM Guidelines surgical process to the right elbow is not supported. The surgical process for lateral epicondylitis includes failing a minimum of six months of care that involves three to four different types of treatment. The records in this case fail to demonstrate the claimant's full course of care stating that only one prior injection had taken place. The recommendation for surgery per the CA MTUS ACOEM Guidelines is only under unusual circumstances for which conservative treatment would not be indicated. There is no current support for the role of surgical process given the documented conservative measures noted to date and the lack of recent findings. **The request for Tenotomy, elbow, lateral or medial (eg. Epicondylitis, tennis elbow, golfers elbow): debridement, soft tissue and/or bone, open: is not medically necessary and appropriate**

Disclaimer: MAXIMUS is providing an independent review service under contract with the California Department of Industrial Relations. MAXIMUS is not engaged in the practice of law or medicine. Decisions about the use or nonuse of health care services and treatments are the sole responsibility of the patient and the patient's physician. MAXIMUS is not liable for any consequences arising from these decisions.

[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]