

Case Number:	CM14-0063720		
Date Assigned:	07/11/2014	Date of Injury:	10/15/2009
Decision Date:	10/13/2015	UR Denial Date:	04/28/2014
Priority:	Standard	Application Received:	05/06/2014

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, Oregon, Washington
 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 44 year old female who sustained an industrial injury on 10-15-09. A review of the medical records indicates she was undergoing treatment for left elbow pain, left elbow lateral epicondylitis, and left upper extremity overuse syndrome. Medical records (3-27-14) indicate that the injured worker complained of pain in the left elbow, rating it "7 out of 10". She was noted to have difficulty using the left arm due to pain. On exam, the left hand was noted to be weaker than the right. The left elbow was noted to have edema. The left wrist "has positive wrist extension test" and "positive middle finger extension test." No range of motion deficit was noted. The treatment recommendations were for surgery - left elbow irrigation and debridement, left elbow ECRB tendon tenosynovectomy, left elbow extensor carpi radialis brevis tendon repair and tenolysis, and left elbow block with 20cc of Marcaine, a preoperative evaluation, postoperative physical therapy, and a cold unit. The utilization review (4-28-14) indicates denial of the surgery due to the lack of documentation of failure of conservative care.

IMR ISSUES, DECISIONS AND RATIONALES

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

Preoperative Evaluation: Upheld

Claims Administrator guideline: Decision based on MTUS Elbow Complaints 2007. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chapter: Elbow.

MAXIMUS guideline: Decision based on MTUS Elbow Complaints 2007, Section(s): Lateral Epicondylalgia. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Elbow section, Surgery for epicondylitis.

Decision rationale: As the requested surgical procedure is not medically necessary, none of the associated services are medically necessary and appropriate. This review presumes that a surgery is planned and will proceed. There is no medical necessity for this request if the surgery does not occur.

Left elbow irrigation debridement ECRF tendon tenosynovectomy, extensor carpi radialis brevis tendon tendon repair & tenolysis, blocked with 20cc Marcaine: Upheld

Claims Administrator guideline: Decision based on MTUS Elbow Complaints 2007. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chapter: Elbow Surgery for epicondylitis.

MAXIMUS guideline: Decision based on MTUS Elbow Complaints 2007, Section(s): Lateral Epicondylalgia. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Elbow section, Surgery for epicondylitis.

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 to warrant a lateral epicondylar release. Therefore the request is not medically necessary.