

Case Number:	CM13-0002473		
Date Assigned:	12/04/2013	Date of Injury:	12/26/2012
Decision Date:	01/29/2014	UR Denial Date:	07/11/2013
Priority:	Standard	Application Received:	07/22/2013

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 Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine 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.

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 patient is a 43 YO, male with injury date from 12/26/12 with dx of right lateral epicondylitis per visit note 3/28/13 per [REDACTED]. [REDACTED] also notes that the patient is "tender moderately at the right lateral epicondyle. Not tender to radial tunnel or medial epicondyle. No swelling to the right elbow. Full range of motion to the elbow, albeit with pain. Perhaps lacks the last 5 degrees from full extension. Full forearm, wrist, and hand motion. No triggering. Benign examination to hand and wrist. Prominent lateral epicondyle, compared to left side."

IMR ISSUES, DECISIONS AND RATIONALES

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

One right epicondylectomy: Overturned

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 36-39.

Decision rationale: The Physician Reviewer's decision rationale: The Elbow Disorders Chapter of the ACOEM Practice Guidelines states that surgery for "lateral epicondylalgia should only be a consideration for those patients who fail to improve after a minimum of 6 months of care that includes at least 3-4 different types of conservative treatment." The patient's injury was on 12/26/12, and he has received medications/injections, bracing, physical therapy, manipulation,

and shockwave therapy. At the time that [REDACTED] requested the lateral epicondylectomy on 5/23/13, the patient had not met the MTUS/ACOEM requirement of 3-4 different types of conservative treatment for a minimum of 6 months. However, subsequent to that report, the patient has received manipulation, and shockwave therapy, and on 9/23/13 received a recommendation for a trial of acupuncture. The patient has now tried 4 different conservative therapies and it has been over 6-months. At this time, the lateral epicondylectomy appears to be in accordance with the ACOEM guidelines. The request for one right epicondylectomy is medically necessary and appropriate.