

<b>Case Number:</b>	CM13-0004543		
<b>Date Assigned:</b>	12/11/2013	<b>Date of Injury:</b>	07/21/2009
<b>Decision Date:</b>	02/11/2014	<b>UR Denial Date:</b>	07/02/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/29/2013

### 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 Orthopaedic Surgery, has a subspecialty in Hand Surgery and is licensed to practice in Texas. 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. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 34-year-old female who reported an injury on 07/21/2009 due to cumulative trauma that caused injury to the right hand. The patient was initially treated with occupational therapy and was later diagnosed with thoracic outlet syndrome. The patient underwent surgical intervention in 03/2012; however, continued to have persistent hand and elbow complaints. The patient was conservatively treated with injections, physical therapy, medications, activity modifications, and bracing. The patient also received trigger point injections at the lateral epicondyle. The patient underwent electrodiagnostic studies in 08/2013 that did not provide any abnormal results. The patient's most recent clinical examination findings included a positive Tinel's sign over the cubital tunnel and a positive elbow flexion test. It is also reported that the patient has trouble picking up objects due to increased right elbow pain. The patient's diagnoses included right medial epicondylitis and right cubital tunnel syndrome. The patient's treatment plan included continued medication usage for pain control and surgical intervention.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Tenotomy, elbow, lateral or medial (EG, epicondylitis, tennis elbow, golfer's elbow); percutaneous:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007).

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 44-45.

**Decision rationale:** The requested tenotomy of the elbow for the patient's lateral epicondylitis is not medically necessary or appropriate. The clinical documentation submitted for review does provide evidence that the patient is significantly symptomatic and has failed to respond to oral medications, splinting, physical therapy, and injections. The American College of Occupational and Environmental Medicine states, "clear clinical and electrophysiological or imaging evidence of a lesion that has been shown to benefit in both the short and long term from surgical repair," must be documented to support surgical intervention. Although the patient has clinical findings consistent with the diagnosis they are not supported by an electrodiagnostic or imaging study. The clinical documentation submitted for review includes an electrodiagnostic study that does not provide any abnormal findings of the right arm. Therefore, surgical intervention would not be supported by Guideline recommendations. As such, the requested Tenotomy, elbow, lateral or medial (EG, epicondylitis, tennis elbow, golfer's elbow); percutaneous is not medically necessary.

**Post-operative physical therapy to the right elbow, two (2) times a week for six (6) weeks:**  
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.