

<b>Case Number:</b>	CM13-0020736		
<b>Date Assigned:</b>	10/11/2013	<b>Date of Injury:</b>	04/12/2002
<b>Decision Date:</b>	01/17/2014	<b>UR Denial Date:</b>	08/13/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/05/2013

### 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 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. 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:

Specific to the claimant's right elbow imaging in this case includes a 07/09/13 MRI report that shows moderately severe lateral epicondylitis with extensive partial tearing of the common extensor origin, degenerative changes of the medial olecranon and posterolateral elbow joint synovitis. Most recent clinical progress report is from 09/24/13 with treating physician [REDACTED] indicating that the claimant is noted to be with improvements with physical therapy and medications in regard to his diagnosis of right lateral epicondylitis. Objectively, there was noted to be minimal discomfort with minimal swelling and increased range of motion. He was diagnosed at that date with right lateral epicondylitis. Prior clinical records indicate that care has also included activity restrictions. At present assessment of 07/30/13, given ongoing complaints of pain about the right elbow, surgery had been recommended in the form of a lateral epicondylar release with ECRB repair, preoperative clearance, and 12 sessions of postoperative therapy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Right elbow lateral epicondyle release with ECRB repair:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG elbow chapter

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

**Decision rationale:** Based on California ACOEM Guidelines, the right lateral epicondylar release with ECRB repair would not be indicated. Guidelines criteria indicates that surgery for lateral epicondylitis should only take place with failure to improve with six months of conservative care including three to four different types of conservative modalities. The records in this case indicate that the claimant's last assessment of September 2013, he was with significant improvement following a course of physical therapy and medication management. He was essentially asymptomatic at that time in regard to the elbow. The acute need of surgical intervention based on the claimant's significant improvement would not have been supported.

**Pre-op clearance:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG elbow chapter

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) - CA MTUS ACOEM OMPG (Second Edition, 2004), Chapter 7, Independent Medical Examinations and Consultations, page 127.

**Decision rationale:** Based on California ACOEM Guidelines, the need for preoperative medical clearance is also not indicated. While referral to a healthcare practitioner for further medical assessment prior to operative intervention would be supported, the role of surgical intervention in this case has not yet been established, thus negating the need for this preoperative assessment.

**Post-op physical therapy 2 times 6:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG elbow chapter

**MAXIMUS guideline:** Decision based on MTUS Postsurgical Treatment Guidelines.

**Decision rationale:** Based on California MTUS Postsurgical Rehabilitative Guidelines, 12 sessions of postoperative therapy would not be indicated. Guidelines criteria following surgery for lateral epicondylitis would only generally recommend the role of up to 10 sessions over a four month period of time. The requested 12 sessions would exceed clinical guideline criteria, and in this case, where surgery also has not yet been established. This specific request would not be indicated.