

Case Number:	CM13-0021117		
Date Assigned:	10/11/2013	Date of Injury:	09/26/1991
Decision Date:	01/09/2014	UR Denial Date:	08/08/2013
Priority:	Standard	Application Received:	09/06/2013

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:

Fifty nine year old female with date of injury 9/26/91. Diagnosed with right elbow lateral epicondylitis. Progress note 7/30/13 demonstrates right elbow pain. Tenderness over common extensor tendons. Positive Tinel's over ulnar nerve. No documentation of physical therapy prior to request for right elbow lateral epicondyle resection and release of common extensor tendon.

IMR ISSUES, DECISIONS AND RATIONALES

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

One right elbow lateral epicondyle resection and release of the common extensor tendon:
Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007), Postsurgical Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines Indications for Surgery.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 26-27.

Decision rationale: Per the ACOEM Guidelines, Elbow Complaints for Lateral epicondylalgia, home exercise is recommended prior to invasive procedures. It states: "Eleven articles were reviewed, eight studies and threemeta-analyses, none of which had a control group, some had small numbers of subjects and none had an isolated experimental group of exercise only."

Comparisons of exercise techniques used across studies are difficult and limit interpretation. Co-interventions were very common, further limiting interpretation. One study was high quality, six were intermediate and one was low quality. One of the reviews evaluated 28 studies and suggested that exercise may improve pain, but not grip strength, in lateral epicondylalgia. Except for cases of unstable fractures or acute dislocations, it is recommended that physicians advise patients to do early range-of-motion exercises at home. Range-of-motion exercises should primarily involve the elbow, but should also include the shoulder and the wrist. Instruction in proper exercise technique is important, and a few visits to a physical therapist can serve to educate the patient about an effective exercise program. Quality studies are available on exercise programs in acute, subacute, and chronic lateral epicondylalgia patients, although there are many differences between the exercise programs used in research studies and thus comparisons between studies are difficult. There is not good evidence for any one specific exercise strategy. Benefits have not been clearly shown. However, these options are low cost (as single time instructions), have few side effects, and are not invasive. Thus, while there is insufficient evidence, instruction in-home exercise is recommended [Insufficient Evidence (I), Recommended]. In the event that the patient is either incapable of performing home exercises, or otherwise unable to comply with this option, then a supervised program with a therapist is recommended [Insufficient Evidence (I), Recommended]". In this case there is insufficient evidence of physical therapy or home exercises being performed and therefore the determination is non-certification for the requested procedures of right elbow lateral epicondyle resection and release of the common extensor tendon.

Twelve post-operative physical therapy sessions: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007), Postsurgical Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines Indications for Surgery.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007), Postsurgical Treatment Guidelines.

Decision rationale: Per the MTUS Post surgical therapy states, "that initial course of therapy" means one half of the number of visits specified in the general course of therapy for the specific surgery in the post-surgical physical medicine treatment recommendations set forth in subdivision (d)(1) of this section. Lateral epicondylitis/Tennis elbow (ICD9 726.32): Postsurgical treatment: 12 visits over 12 weeks *Postsurgical physical medicine treatment period: 6 months As the request is for 12 visits of postoperative physical therapy, this exceeds the initial recommendations and is non certified.