

<b>Case Number:</b>	CM13-0028384		
<b>Date Assigned:</b>	11/27/2013	<b>Date of Injury:</b>	01/31/2012
<b>Decision Date:</b>	02/13/2014	<b>UR Denial Date:</b>	09/20/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/23/2013

### 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:

The patient is a 48-year-old female who reported an injury on 01/31/2012. The mechanism of injury was stated to be repetitive motion. The patient was noted to have ecchymosis and tenderness over the right lateral epicondyle, and 5/5 strength which was provocative for pain with resisted right wrist flexion and 3rd finger extension. The patient was noted to have an MRI of the right elbow which showed a partial tearing of the common extensor tendon of the lateral epicondyle. The diagnosis was stated to be right elbow lateral epicondylitis with partial tearing of the common extensor tendon. The request was made for right extensor tendon debridement and repair as needed, postoperative physical therapy, and pre-operative cold therapy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Right elbow extensor tendon debridement and repair:** 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): 44-45.

**Decision rationale:** The California ACOEM Guidelines indicate surgery may be an option for patients with limited activity for more than 3 to 6 months, failure to improve with exercise

programs, clear clinical and electrophysiologic or imaging evidence of the lesion that has shown to benefit in both short and long term surgical repair. Clinical documentation indicated the patient had 8 to 10 sessions of physical therapy, acupuncture, an elbow brace, and 2 cortisone injections that provided temporary relief. The patient was noted to have an MRI of the right elbow on 04/26/2013, which revealed a partial tear at the common extensor tendon at the lateral epicondyle. The patient was noted to have pain on the outside aspect of the elbow as well as the top portion of the forearm with radiation into the arm and shoulder. There was noted to be minimal localized swelling over the lateral aspect of the right elbow. The patient was noted to have exquisite tenderness to palpation over the right lateral epicondyle. The patient was noted to have a small area of ecchymosis over the right lateral epicondyle. The physician recommended the patient to have elbow surgery as the patient remained, per documentation, persistently symptomatic and debilitating. Clinical documentation submitted for review indicated the patient had limitations of activity for more than 6 months, failed to improve with exercise programs, and had clear clinical and imaging evidence of a lesion. While it is noted that surgery for epicondylitis is under study, the patient's physical limitations to activity, remaining symptomatology, and failure of conservative care supports the necessity for the surgery as well as positive MRI findings. Given the above, exceptional factors, the request for right elbow extensor tendon debridement and repair as needed is medically necessary.

**Post-operative physical therapy:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 10,17.

**Decision rationale:** The California MTUS Postsurgical Treatment Guidelines indicate the treatment for lateral epicondylitis post surgically is 12 visits of physical therapy, with the initial visits being half the recommended sessions. This request would be supported for 6 visits, as the surgical intervention in request number 1 was supported; however, per the submitted documentation, the request for postoperative physical therapy does not include the requested number of visits. Given the above, the request for postoperative physical therapy is not medically necessary.

**Cold therapy, pre-operative:** Upheld

**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): 27-28.

**Decision rationale:** The California ACOEM Guidelines recommend at-home local applications of cold packs during the first few days of acute symptoms; thereafter, applications of heat packs or cold packs as the patient prefers. Clinical documentation submitted for review indicated the

request for cold therapy was postoperative, not preoperative. However, the request, as submitted was for preoperative care cold therapy and it was not indicated the duration of care that was requested. As such, the request for cold therapy, preoperative, is not medically necessary.