

<b>Case Number:</b>	CM13-0035953		
<b>Date Assigned:</b>	12/13/2013	<b>Date of Injury:</b>	06/16/2010
<b>Decision Date:</b>	02/24/2014	<b>UR Denial Date:</b>	10/03/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/18/2013

### 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 Surgeon has a subspecialty in Shoulder and Elbow 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 57 year old male who reported an injury on 06/16/2010. The patient is currently diagnosed with median nerve neuritis, forearm degenerative osteoarthritis, osteoarthritis of the hand, shoulder acromioclavicular joint arthritis, hip arthralgia, impingement and bursitis of the shoulder, lateral and medial epicondylitis of the elbow and hip bursitis. The patient was seen on 09/12/2013. The patient reported ongoing left shoulder pain. Physical examination of the bilateral elbows revealed decreased range of motion on the left, tenderness to the posterior and lateral elbow joint and negative ligamentous laxity on varus or valgus stress testing. Treatment recommendations included a request for authorization for a left shoulder arthroscopy, Mumford procedure, subacromial decompression, debridement with acromioplasty, possible rotator cuff repair, fascial sheath injection and a left lateral epicondylar release.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lateral epicondylar release left elbow:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 44-49. Decision based on Non-MTUS Citation The Official Disability Guidelines (ODG) Elbow Chapter, Surgery for epicondylitis.

**Decision rationale:** The California MTUS/ACOEM Practice Guidelines state that referral for surgical consultation may be indicated for patients who have significant limitations of activity for more than 3 months, have failed to improve with exercise programs to increase range of motion and strength of the musculature around the elbow or who have clear clinical and electrophysiologic or imaging evidence of a lesion that has been shown to benefit from surgical repair. As per the clinical documentation submitted, the patient underwent an MRI of the left elbow on 07/07/2011, which indicated a mild amount of bone edema within the radial head and capitellum as well as a large complex joint effusion. The patient's physical examination of the left elbow on the requesting date of 09/12/2013 only revealed decreased range of motion with tenderness to palpation. It was also noted that the patient was scheduled to undergo a left elbow injection. Therefore, surgical intervention is not yet indicated, as there is no evidence of an exhaustion of conservative treatment. Based on the clinical information received, the request is non-certified.