

Case Number:	CM13-0045606		
Date Assigned:	12/27/2013	Date of Injury:	03/22/2010
Decision Date:	05/22/2014	UR Denial Date:	10/31/2013
Priority:	Standard	Application Received:	11/12/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert 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 expert 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 claimant is a 66-year-old female injured 03/22/10 specific to the bilateral elbows. There is indication of a prior right common extensor tendon percutaneous tenotomy performed on 08/06/13. There is a current request for a left sided procedure of the same nature. Follow up report of 10/18/13 with [REDACTED] indicates the claimant was with bilateral lateral epicondylitis and common extensor tendinosis. It states that the recent percutaneous tenotomy procedure provided 50% pain relief for the claimant's right elbow and is now being recommended for the left. Objectively, there was tenderness over the left lateral epicondyle. There is indication of prior wrist splinting for treatment as well as injection to the right elbow with no documentation to the left. There has also been use of topical compounding agents, medications and therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

LEFT ELBOW- PERCUTENOUS TENOTOMY UNDER ULTRASOUND: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 603-606, Postsurgical Treatment Guidelines.

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

Decision rationale: Based on California MTUS ACOEM Guidelines, lateral epicondylar release in this case to be performed with a FAST procedure percutaneously would not be indicated. Previous review of clinical records fails to demonstrate specific conservative care in regards to the claimant's diagnosis of left lateral epicondylitis, particularly no prior injection therapy. Guidelines would only recommend the role of the above procedure having failed six months of conservative measures including injections. The specific request at this time would not be indicated.

12 POST-OPERATIVE PHYSICAL THERAPY VISITS: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 603-606, Postsurgical Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

Decision rationale: California MTUS Postsurgical Rehabilitative Guidelines also would not support the role of postoperative physical therapy as the need for operative intervention in this instance has not been established.