

Case Number:	CM13-0061043		
Date Assigned:	12/30/2013	Date of Injury:	03/29/2011
Decision Date:	06/25/2014	UR Denial Date:	11/07/2013
Priority:	Standard	Application Received:	12/04/2013

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 Oregon. 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:

This female has undergone lateral epicondylar release for chronic epicondylitis. She has also undergone right carpal tunnel release and cubital tunnel release. She has ongoing elbow pain. MRI shows chronic changes and scarring in the lateral epicondylar region. She continues to have pain. Her surgeon recommends revision of the right lateral extensor origin repair with epicondylectomy.

IMR ISSUES, DECISIONS AND RATIONALES

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

REVISION OF THE RIGHT LATERAL EXTENSOR ORIGIN REPAIR WITH EPICONDYLECTOMY: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: ACOEM, Elbow Chapter, 43

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 35, 36.

Decision rationale: The patient had already had lateral epicondylitis surgery and continues to have pain. According to the ACOEM Guideines, "Although some individuals will improve with surgery for lateral epicondylalgia, at this time there are no published RCTs that indicate that surgery improves the condition over non-surgical options. There are clinical trials to compare

different surgical techniques, but this type of study cannot show the benefit of surgical intervention over medical treatment or untreated controls, particularly when numerous studies have documented the tendency for the condition to spontaneously improve over time... This option is high cost, invasive, and has moderate side effects. Thus, surgery for lateral epicondylalgia should only be a consideration for those patients who fail to improve after a minimum of 6 months of care that includes at least 3-4 different types of conservative treatment. However, there are unusual circumstances in which, after 3 months of failed conservative treatment, surgery may be considered [Insufficient Evidence (I), Recommended]." The patient has already had surgery and continues to be symptomatic. The ACOEM Guidelines do not endorse surgery for this condition except in unusual circumstances. The patient had continued pain, but per the ACOEM guidelines, the medical literature does not support the benefit of surgery over non-surgical options. Therefore, the request is not medically necessary and appropriate.