

<b>Case Number:</b>	CM13-0061808		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	03/17/2011
<b>Decision Date:</b>	04/04/2014	<b>UR Denial Date:</b>	11/12/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/05/2013

### 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 Pennsylvania. 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 claimant is a 34-year-old female with a reported injury date on March 17, 2011. The claimant had been given multiple previous diagnoses including bilateral intersection syndrome, de Quervain's tenosynovitis, bilateral epicondylitis, and ulnar neuropathy. The claimant also has a history of tenderness over the left lateral elbow. The claimant has been treated with topical medications and oral anti-inflammatory medication. The claimant received previous therapy for the wrist, but it is not clear if the claimant received therapy for the elbow. The records indicated that the claimant received prior injections for the diagnosis. It is unclear what other conservative treatment has been rendered. A request for left elbow extensor release/tennis elbow surgery has been made.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**The request for one (1) Left Tennis Elbow Surgery and Common Extensor Tendon Release:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007).

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

**Decision rationale:** The California MTUS ACOEM Elbow Guidelines may allow for surgery but only for patients that fail an extensive course of conservative treatment. Conservative treatment is generally recommended for at least three to six months before pursuing surgery. The guidelines specifically state that nearly all patients respond to conservative measures and do not require surgical intervention. The guidelines further reference that over 95 percent of patients with tennis elbow can be treated without surgery. The claimant has a history of numerous upper extremity diagnoses and has received conservative treatment for a number of different conditions. It is not clear, however, how much therapy the claimant has received for a diagnosis of left lateral epicondylitis. It is also not clear whether the previous corticosteroid injections were given to the lateral epicondyle and extensor origin. The claimant has other confounding diagnoses and is reported to have symptoms that may correspond with cubital tunnel syndrome. Based upon the lack of specific documentation of sufficient conservative care for this diagnosis, the request cannot be recommended as medically necessary.