

<b>Case Number:</b>	CM13-0063956		
<b>Date Assigned:</b>	01/03/2014	<b>Date of Injury:</b>	03/29/2011
<b>Decision Date:</b>	10/24/2014	<b>UR Denial Date:</b>	12/02/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/11/2013

### 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, has a subspecialty in Spine Surgery and is licensed to practice in South Dakota. 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 injured worker is a 50 year old female who was injured on March 29, 2011, to the right elbow. The mechanism of injury is noted as picking up a case of plastic spoons. The diagnosis is listed as pain in joint involving upper arm (719.42). The most recent progress note dated 11/29/13, reveals complaints of quite significant ongoing pain in the right lateral elbow. Physical examination reveals tenderness in the right lateral elbow and with pain with resisted wrist extension and tenderness in the left lateral elbow with a positive middle finger test bilaterally. A revision lateral extensor origin repair was recommended at this visit. Prior treatment includes medications including surgical repair of ECRB tendon on 8/29/11, physical therapy, a CTR, a second set of physical therapy, medications, a round of Prednisone, splinting, and cortisone. She has failed all of these treatments. A prior utilization review determination dated 12/2/13 resulted in denial of revision right lateral extensor original repair with epicondylectomy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Revision right lateral extensor original repair with epicondylectomy:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 603.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 590-600.

**Decision rationale:** There has been in excess of three months of non operative care with a variety of physical medicine interventions that have failed to improve the claimant's functional status. As such, MTUS would allow the requested surgery.