

<b>Case Number:</b>	CM13-0066997		
<b>Date Assigned:</b>	01/08/2014	<b>Date of Injury:</b>	04/09/2013
<b>Decision Date:</b>	06/12/2014	<b>UR Denial Date:</b>	12/05/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/17/2013

### 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 patient is a 55-year-old female who sustained injuries to her right upper extremity on 04/09/13. The clinical records pertaining to her right elbow include an 11/13/13 progress report noting continued complaints of shoulder, elbow and wrist pain. Physical examination specific to the elbow showed full range of motion, an inability to make a complete fist, tenderness over the lateral epicondylar ridge and pain with forced dorsiflexion of the wrist, creating lateral discomfort. Electrodiagnostic studies reviewed from 09/05/13 reveal right carpal tunnel syndrome. The claimant's documented diagnoses include shoulder impingement, lateral epicondylitis and right carpal tunnel syndrome. The recommendation was made for a staged surgical process for carpal tunnel release, lateral epicondylar release and shoulder arthroscopy as the claimant had failed conservative care of physical therapy, medication management and injections. This request is for a right lateral epicondylectomy with release.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **RIGHT ELBOW EPICONDYLECTOMY WITH RELEASE: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS ACOEM Occupational Medicine Practice Guidelines, 2nd Edition, 2008, Elbow Disorders, pages 603-606.

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

**Decision rationale:** Based on California ACOEM Guidelines, right elbow lateral epicondylectomy with release cannot be supported as medically necessary. ACOEM Guidelines recommend three to four different types of conservative care for greater than a six month period of time before proceeding with operative procedure. While it is noted this claimant underwent multiple prior courses of physical therapy, medications and injections, it is not clearly documented that the lateral epicondylar region was the source of the injection, as surgery for both shoulder impingement and carpal tunnel release are also being recommended. Therefore, the clinical documentation of specific elbow treatment is not clear. The request for a lateral epicondylar release, given this claimant's underlying shoulder and wrist complaints, without documentation of specific conservative care would not be medically necessary and appropriate.