

<b>Case Number:</b>	CM14-0107754		
<b>Date Assigned:</b>	08/01/2014	<b>Date of Injury:</b>	07/14/2011
<b>Decision Date:</b>	10/14/2014	<b>UR Denial Date:</b>	07/07/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/11/2014

### 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 Physical Medicine and Rehabilitation and is licensed to practice in Nevada. 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 records, presented for review, indicate that this 49-year-old female was reportedly injured on July 14, 2011. The most recent progress note, dated July 1 2014, indicated that there were ongoing complaints of lateral epicondyle pain of both elbows and a flareup of right knee pain. The physical examination demonstrated tenderness of the lateral epicondyle of both elbows and pain with resisted extension. Diagnostic imaging studies of the right knee revealed degenerative changes of the meniscus without evidence of a tear and patellar chondromalacia. Previous treatment included right shoulder arthroscopy for a rotator cuff tear and subacromial decompression as well as physical therapy for the elbows and steroid injections at the lateral epicondyles. A request had been made for an orthopedic consult for tennis elbow surgery, an MRI of both elbows, and a steroid injection for the knee and was not certified in the pre-authorization process on July 7, 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Orthopedic Consultation for Tennis Elbow Surgery:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Elbow, Surgery for Epicondylitis, Updated May 15, 2014.

**Decision rationale:** According to the Official Disability Guidelines, surgery for lateral epicondylitis is only indicated after 12 months of failed conservative treatment to include rest, ice, stretching, strengthening, and lowered intensity of work as 95% of patients improve with conservative therapy. While the attached medical record does indicate some therapy and an epicondyles steroid injection, there is no documentation that the injured employee has failed to improve with 12 months of treatment. As such, this request for an orthopedic consult for tennis elbow surgery is not medically necessary.

**MRI of both elbows:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 178. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) regarding MRI:

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Elbow, MRI, Updated May 15 2014.

**Decision rationale:** According to the Official Disability Guidelines, an MRI of the elbows is indicated for chronic epicondylitis if plain films are stated to be nondiagnostic. There is no record of plain films being obtained of the elbows. As such, this request for an MRI of both elbows is not medically necessary.

**Retrospective Steroid Injection in knee:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 339. Decision based on Non-MTUS Citation Work Loss Data Institute - Official Disability Guidelines (ODG) online, Knee Section, Corticosteroid Injection:

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee, Corticosteroid Injection, Updated October 7, 2014.

**Decision rationale:** According to the Official Disability Guidelines, corticosteroid injections are only indicated for osteoarthritis of the knee. The injured employee has had a prior right knee MRI, which does not indicate the presence of osteoarthritis. As such, this request for a steroid injection for the knee is not medically necessary.