

<b>Case Number:</b>	CM14-0011225		
<b>Date Assigned:</b>	02/21/2014	<b>Date of Injury:</b>	07/11/2012
<b>Decision Date:</b>	07/11/2014	<b>UR Denial Date:</b>	12/31/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/28/2014

### 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 Occupational Medicine 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 49-year-old male who has submitted a claim for right lateral epicondylitis, and right sensory radial neuropraxia associated with an industrial injury date of 07/11/2012. Medical records from 2013 were reviewed. Patient complained of persistent discomfort and numbness at the right lateral elbow, aggravated by strenuous activity. This resulted in difficulty reaching, pushing, pulling, and forceful activities. Physical examination of the right elbow revealed tenderness, swelling, slight extension lag at 10 degrees, and 4/5 strength of right wrist extensor. Tinel's sign at dorsal sensory radial nerve and Finkelstein's test were mildly positive. MRI of the right elbow, dated 07/21/2012, demonstrated paratendinous edema, without tearing. Repeat MRI on 06/11/2013 revealed small joint effusion and extensor tendinitis. Repeat MRI on 12/13/2013 documented relatively severe extensor tendinitis involving both the common extensor, as well as the extensor digitorum musculature; small joint effusion. Treatment to date has included physical therapy, use of an elbow strap, two cortisone injections, and ibuprofen. Utilization review from 12/31/2013 denied the request for Bosworth release right elbow with ostectomy due to absence of justification for ostectomy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**BOSWORTH RELEASE RIGHT ELBOW WITH OSTECTOMY:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM(2007) Guidelines, Surgical Considerations For Lateral Epicondylalgia, page 34-35.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 603-606. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Elbow Section, Surgery for Epicondylitis.

**Decision rationale:** Pages 603-606 of CA MTUS ACOEM Guidelines state that for lateral epicondylitis, conservative care should be maintained for a minimum of 3-6 months prior to considering surgery; and there remains controversy over the benefit of surgical intervention over medical treatment or untreated controls. In addition, ODG criteria for lateral epicondylar release for chronic lateral epicondylalgia include: (1) severe entrapment neuropathies, and (2) twelve months of compliance with non-operative management. Conservative care includes medications, elbow straps, physical therapy, and cortisone injection. In this case, patient had persistent right elbow pain despite intake of medications, two cortisone injections, use of a strap, and physical therapy. The most recent MRI of the right elbow, dated 12/13/2013, revealed relatively severe extensor tendinitis involving both the common extensor, as well as the extensor digitorum musculature; small joint effusion. Given persistent complaints recalcitrant to attempts at conservative care, the proposed intervention is appropriate. Therefore, the request for Bosworth release right elbow with ostectomy is medically necessary.