

<b>Case Number:</b>	CM14-0121940		
<b>Date Assigned:</b>	08/06/2014	<b>Date of Injury:</b>	01/02/2008
<b>Decision Date:</b>	09/11/2014	<b>UR Denial Date:</b>	06/27/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/01/2014

### 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 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 claimant is a 49-year-old female who was injured in a work related accident on January 2, 2008. The clinical records available for review indicate a previous electrodiagnostic study report of December 20, 2012 to the upper extremities, which was normal. A clinical assessment of May 14, 2014 described continued complaints of pain about the elbow. She was describing a left upper extremity discomfort with radiating pain to the hand. Physical examination findings showed positive bilateral Finkelstein testing with tenderness over the bilateral wrists and medial aspect of the elbow. There was a positive Tinel sign at the elbow with radiating discomfort to the wrist. The claimant was diagnosed with medial and lateral epicondylitis bilaterally. Request was for an open tendon release procedure to the left elbow. Specific documentation of conservative care was not noted. Treating physician's plan included release of both the medial and lateral epicondyle.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**OPEN ELBOW TENDON RELEASE/REPAIR- LEFT ELBOW:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM.

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

**Decision rationale:** Based on California ACOEM Guidelines, surgical release to both the medial and lateral epicondyle of the claimant's left elbow would not be indicated. The California MTUS states, "Thus, surgery for medial Epicondylalgia should only be a consideration for those patients who fail to improve after a minimum of 6 months of care that includes at least 3-4 different types of conservative treatment. However, there are unusual circumstances in which, after 3 months of failed conservative treatment, surgery may be considered." At present, there is no documentation of three months of failed conservative care with three to four different types of treatment for the medial and lateral epicondyle to support the acute need of operative procedure. Without documentation of conservative measures aimed at the above-mentioned diagnosis, the specific surgical request in this instance would not be supported. Therefore, the request is not medically necessary.