

<b>Case Number:</b>	CM14-0137480		
<b>Date Assigned:</b>	09/05/2014	<b>Date of Injury:</b>	05/01/2012
<b>Decision Date:</b>	10/02/2014	<b>UR Denial Date:</b>	07/23/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/25/2014

### 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 48 year old female who sustained a vocational injury on 5/1/12. The medical records provided for review included an office note dated 7/14/14 that documented a diagnosis of right tennis elbow and noted right elbow pain and tenderness over the right lateral extensor origin. Physical examination revealed full range of motion, slightly decreased right grip strength when compared to the left. The office note documented that the claimant was awaiting authorization for surgery. The prior office note dated 6/2/14 documented pain in the right upper arm, lateral aspect of the elbow, right dorsal forearm. Examination on that dated noted tenderness over the right lateral extensor origin, increased pain with resisted wrist extension and no tenderness in the medial epicondyle. The report of an MRI of the right elbow dated 5/2/14 identified mild extensor tendinosis adjacent to the lateral epicondyle, as well as moderate biceps tendinosis adjacent to the radial tuberosity. There was slight increased signal in the ulnar nerve at the posterior superior margin at the medial epicondyle suggesting localized neuritis. Conservative treatment to date was documented to include formal physical therapy, medications, activity modifications, use of braces and straps, four steroid injections, three of which were in 2013. This review is for right elbow extensor origin debridement.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Polar care unit x10 days:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 28. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder - Continuous-Flow Cryotherapy

**Decision rationale:** The California ACOEM Elbow Updated Guidelines support the at home application of cold packs in treatment of discomfort. The Official Disability Guidelines in the Shoulder Chapter consider continuous-flow cryotherapy as a medically reasonable durable medical equipment device for up to 7 days including in home use following surgical intervention. This request is for a Polar Care unit for ten days use. The request exceeds the Official Disability Guidelines and cannot be supported as medically necessary. There is no documentation in the records to indicate that the claimant would be an exception to the standard guideline treatment and therefore, 10 days use cannot be recommended as medically necessary.

**Post-operative physical therapy x12:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Postsurgical Treatment Guidelines.

**Decision rationale:** The California Post Surgical Treatment Guidelines 10 visits of physical therapy over 4 months in the setting of extensor carpi radialis brevis or extensor carpi radialis debridement. This request is for postoperative physical therapy of 12 sessions that exceeds the recommended guidelines for 10 visits and cannot be considered medically necessary. There is no documentation in the records to indicate that the claimant would be an exception to the standard guideline recommendation.

**Right elbow extensor origin debridement:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Elbow Guidelines.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 36, 44-45.

**Decision rationale:** California ACOEM 2007 Elbow Updated Guidelines recommend that prior to considering surgical intervention for lateral epicondylitis, conservative care should be sought for a minimal of 3-6 months. Surgery for lateral epicondylitis should only be considered for patients who failed after a minimal of 6 months of care that includes at least 3-4 different types of conservative treatment. The medical records provided for review suggests that the claimant has ongoing subjective complaints, abnormal physical exam objective findings, and vocational and functional deficits despite exhaustive conservative treatment. Therefore, based on the

documentation presented for review and in accordance with California MTUS, ACOEM Guidelines, the request for the right elbow extensor origin debridement would be considered to be medically reasonable.