

<b>Case Number:</b>	CM14-0028563		
<b>Date Assigned:</b>	06/16/2014	<b>Date of Injury:</b>	06/03/2013
<b>Decision Date:</b>	10/13/2014	<b>UR Denial Date:</b>	02/05/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/06/2014

### 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 Neurological 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 records presented for review indicate that this 47-year-old gentleman was reportedly injured on June 3, 2013. The mechanism of injury is stated as cleaning vehicles inside and out. The most recent progress note, dated January 24, 2014, indicates that there are ongoing complaints of right elbow pain and weakness. The physical examination demonstrated tenderness at the right lateral epicondyle and extensor origin. Diagnostic imaging studies of the right elbow revealed severe extensor tendinitis and partial thickness tearing at the lateral epicondyle. Prior treatment includes steroid injections, physical therapy, and elbow straps. A request had been made for a Bosworth release, right elbow osteotomy and was not certified in the pre-authorization process on February 5, 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **ONE BOSWORTH RELEASE RIGHT ELBOW OSTEOTOMY: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 34-36.

**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 15th 2014.

**Decision rationale:** According to the Official Disability Guidelines surgery should be limited to severe entrapment neuropathies as over 95% of patients recover with conservative treatment. There should be 12 months of compliance with non-operative management. As 12 months has not elapsed at the time of this request, this request for a Bosworth release, right elbow osteotomy is not medically necessary.

**PRE-OPERATIVE APPOINTMENT:** 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), Low Back, Preoperative Testing, General, Updated August 22, 2014.

**Decision rationale:** As the accompanying request for elbow surgery has been determined not to be medically necessary, so is this request for a preoperative appointment.

**15 PHYSICAL THERAPY SESSIONS:** 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, Physical Therapy, Updated May 15th 2014.

**Decision rationale:** As the accompanying request for elbow surgery has been determined not to be medically necessary, so is this request for 15 physical therapy sessions.