

<b>Case Number:</b>	CM14-0036745		
<b>Date Assigned:</b>	06/25/2014	<b>Date of Injury:</b>	10/16/2010
<b>Decision Date:</b>	08/05/2014	<b>UR Denial Date:</b>	03/14/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/26/2014

### 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, has a subspecialty in Shoulder and Elbow 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 injured worker is a 40 year old male who reported an injury on 10/16/2010. The mechanism of injury was not provided. Prior treatments included physical therapy, chiropractic care, and acupuncture. The documentation of 02/07/2014 revealed the MRI of the bilateral elbows was authorized; however, it had not been done. It was indicated the injured worker was working full duty. The injured worker was participating in a home exercise program. The injured worker had continued pain in the bilateral elbows with some numbness and spasms in the bilateral forearms. The physical examination revealed pain in the bilateral epicondyle with tenderness and pain in the bilateral wrists with tenderness and normal strength.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Tenotomy of the Right Lateral Epicondyle:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): revised pg. 36. Decision based on Non-MTUS Citation Official Disability Guidelines, Elbow.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 45-49.

**Decision rationale:** The ACOEM Guidelines indicate a referral for surgical consultation may be appropriate for injured workers who have significant limitations of activity for more than 3 months, a failure to improve with exercise programs to increase range of motion and strength of the musculature around the elbow or clear, clinical and electrophysiologic or imaging evidence of a lesion that has been shown to benefit in both the short and long term from surgical repair. The surgical consideration for lateral epicondylitis is that conservative care should be maintained for a minimum of 3 to 6 months. The clinical documentation submitted for review indicated the injured worker had participated in physical therapy and was currently participating in a home exercise program. However, there was a lack of documentation of a failure of a conservative treatment program including a trial and failure of injections. Additionally, there was no MRI nor EMG submitted for review. Given the above, the request for tenotomy of the right lateral epicondyle is not medically necessary.