

<b>Case Number:</b>	CM14-0039391		
<b>Date Assigned:</b>	06/27/2014	<b>Date of Injury:</b>	10/23/2012
<b>Decision Date:</b>	07/29/2014	<b>UR Denial Date:</b>	03/03/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/03/2014

### 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 injured her right upper extremity on October 23, 2012. The clinical records provided for review include a January 6, 2014 progress report noting specific complaints of left shoulder and right elbow pain. Physical examination of the right elbow noting the examination was deferred. The claimant was diagnosed with lateral epicondylitis. The progress report documented that the claimant has been treated conservatively with no improvement with physical therapy and a corticosteroid injection. The recommendation was made for lateral epicondylectomy and debridement. The date of the claimant's injection is not identified and there were no reports of diagnostic testing or imaging studies provided for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Right lateral epicondylar release and debridement:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 44-45. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) (<http://odg-twc.com/odgtwc/elbow.htm>).

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

**Decision rationale:** Based on California ACOEM Elbow 2007 Guidelines, the request for lateral epicondylar release and debridement would not be supported. ACOEM Guidelines recommend that three to four different types of conservative care should be trialed for greater than six months period of time before proceeding with surgical intervention. The medical records document that the claimant had a prior isolated corticosteroid injection and a course of physical therapy but there is no documentation of other forms of treatment or specific treatment over the last six months as recommended by the ACOEM Guidelines. The lack of the above documentation of conservative measures would fail to necessitate the acute need of operative process. Treatment is not medically necessary.

**Pre-operative medical clearance evaluation:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer based his/her decision on the Non-MTUS American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004); Chapter 7 Independent Medical Examinations and Consultations, page 127.

**Decision rationale:** The request for lateral epicondylar release and debridement cannot be supported. Therefore, the request for preoperative medical clearance is not necessary.

**Post-operative physiotherapy 3 x 6 weeks:** 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 request for lateral epicondylar release and debridement cannot be supported. Therefore, the request for postoperative physical therapy is not necessary.