

<b>Case Number:</b>	CM14-0043911		
<b>Date Assigned:</b>	06/20/2014	<b>Date of Injury:</b>	04/04/2011
<b>Decision Date:</b>	07/22/2014	<b>UR Denial Date:</b>	03/03/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/18/2014

### 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 patient is a 48-year-old female whose April 4, 2011, work-related injury to the bilateral elbows and upper extremities is attributed to repetitive keyboard and computer use. The records available for review document treatment with physical therapy in 2011 and two prior corticosteroid injections, the last of which was administered in August 2013. A record dated February 18, 2014, describes cumulative trauma most specific to the patient's left elbow. Physical examination showed tenderness medially with no pain laterally. Full range of motion was noted. Examination of the wrists demonstrated positive tinell's and phalen's testing bilaterally. The claimant has been diagnosed with chronic medial epicondylitis with bilateral carpal tunnel syndrome. The records do not reference treatment with more recent conservative measures. This request is for medial fasciectomy of the left upper extremity.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **Left elbow medial Fasciectomy: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Online Edition, Chapter: elbow.

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

**Decision rationale:** Based on California MTUS ACOEM Elbow Guidelines, surgery for medial epicondylitis as left elbow medial fasciotomy would not be supported in this case. The ACOEM Guidelines recommend surgical intervention when the claimant has failed six months or more of conservative care involving three to four different modalities, including injections. While the patient reports chronic complaints and has undergone injections and physical therapy, the reviewed records do not reference the full scope of recommended conservative care. Therefore, this request would not be established as medically indicated.