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| <b>Case Number:</b>   | CM14-0065121 |                              |            |
| <b>Date Assigned:</b> | 07/11/2014   | <b>Date of Injury:</b>       | 01/17/2007 |
| <b>Decision Date:</b> | 08/13/2014   | <b>UR Denial Date:</b>       | 02/06/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 02/07/2014 |

### 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 Surgeon and is licensed to practice in Georgia and Texas. 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 48-year-old female who reported injury on 01/17/2007. The mechanism of injury was not provided. The documentation of 01/23/2014 revealed the injured worker had complaints of ongoing right upper extremity pain and physical impairment centered in the right elbow at the lateral epicondyle. Medical care remained conservative including oral medications. The injured worker complained of discomfort after grip strength measurements. The documentation indicated the injured worker had an EMG nerve conduction velocity study on 04/30/2010 with no clear neurophysiological evidence of cubital tunnel, carpal tunnel or cervical radiculopathy. It was indicated the injured worker underwent an MRI of the left elbow on 07/10/2019 which revealed very mild epicondylitis, otherwise unremarkable with no evidence of ulna, nerve and treatment or compression neuropathy. The diagnosis was lateral epicondylitis. The treatment plan included a percutaneous tenotomy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Right elbow percutaneous tenotomy with ultrasound guidance:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines-Treatment for Workman's Compensation.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 44-49.

**Decision rationale:** The ACOEM guidelines indicate a referral from surgical consultation may be appropriate for injured workers who have significant limitations of activity for more than 3 months, have a failure to improve with exercise programs, and have 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 clinical documentation submitted for review failed to indicate the injured worker had electrophysiologic or imaging evidence of a lesion. There was lack of documentation indicating the type of conservative care that was provided. Given the above, the request for right elbow percutaneous tenotomy with ultrasound guidance is not medically necessary.

**Pre-op EKG:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines-Treatment for Workman's Compensation, last updated 5/10/13.

**MAXIMUS guideline:** The Expert Reviewer did not cite any medical evidence for its decision.

**Decision rationale:** As the requested surgical intervention is not medically necessary, the requested ancillary service is also not medically necessary.

**Pre-op chest x-ray:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines-Treatment for Workman's Compensation.

**MAXIMUS guideline:** The Expert Reviewer did not cite any medical evidence for its decision.

**Decision rationale:** As the requested surgical intervention is not medically necessary, the requested ancillary service is also not medically necessary.

**Pre-op labs (CBC, SMA-14 and U/A):** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines-Treatment for Workman's Compensation.

**MAXIMUS guideline:** The Expert Reviewer did not cite any medical evidence for its decision.

**Decision rationale:** As the requested surgical intervention is not medically necessary, the requested ancillary service is also not medically necessary.