

Case Number:	CM14-0074529		
Date Assigned:	07/16/2014	Date of Injury:	03/22/2012
Decision Date:	08/14/2014	UR Denial Date:	05/15/2014
Priority:	Standard	Application Received:	05/21/2014

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 55-year-old female front office supervisor sustained an industrial injury on 3/22/12, due to repetitive use. The patient was diagnosed with lateral epicondylitis. She underwent left elbow/forearm radial tunnel release, and superficial radial and posterior interosseous external neurolysis and nerve repair on 1/16/13. The 6/13/13 left elbow MRI was reported negative. The 8/15/13 electrodiagnostic studies were negative for motor cervical radiculopathy, plexopathy, polyneuropathy, or specific mononeuropathy. The patient was deemed permanent and stationary on 10/25/13. The 4/30/14 orthopedic progress report cited over two years of lateral elbow symptoms that had failed conservative treatment. Left elbow exam documented tenderness to palpation over the lateral epicondyle, positive Cozen's, and intact neurovascular exam. The treatment plan recommended ergonomic consultation and implementation, and left elbow debridement and lateral epicondylectomy. The patient was capable of full duty work. The 5/15/14 utilization review denied the request for left elbow surgery as there was no documentation of conservative treatment or clinical exam evidence of lateral epicondylitis.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Left elbow Lateral Epicondylectomy with Debridement: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines
Page(s): 36.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 36-37.

Decision rationale: The California MTUS/ACOEM Guidelines regarding the elbow disorders state that surgery for lateral epicondylalgia should only be a consideration for those patients who fail to improve after a minimum of 6 months of care that includes at least 3-4 different types of conservative treatment. However, there are unusual circumstances in which, after 3 months of failed conservative treatment, surgery may be considered. Although some individuals will improve with surgery for lateral epicondylalgia, at this time there are no published RCTs that indicate that surgery improves the condition over non-surgical options. Guideline criteria have not been met. In this case, the medical records indicate that the patient may have experienced a flare following an apparent 6-month hiatus in treatment. Ergonomic evaluation and corrections have been recommended. There is no detailed documentation that recent comprehensive pharmacologic and non-pharmacologic conservative treatment had been tried consistent with guidelines for over 3 months and had failed. Therefore, this request for left elbow lateral epicondylectomy with debridement is not medically necessary and appropriate.