

<b>Case Number:</b>	CM14-0083115		
<b>Date Assigned:</b>	07/21/2014	<b>Date of Injury:</b>	10/17/2012
<b>Decision Date:</b>	08/26/2014	<b>UR Denial Date:</b>	05/01/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/04/2014

### 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 Orthopaedic 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:

This female card dealer sustained an industrial injury on 10/17/12, relative to repetitive work duties. The 6/12/13 right elbow MRI documented mild right extensor tendinosis and partial tear of the deep portion near the lateral epicondyle. Records indicated that the patient achieved 40% improvement in her symptoms with corticosteroid injections. The 4/23/14 orthopedic report cited severe neck and right upper extremity pain on a daily basis. Right elbow exam documented normal range of motion, negative Tinel's, exquisite tenderness over the lateral epicondyle, and no tenderness over the medial epicondyle. There was forearm tenderness and pain with resisted wrist extension. The diagnosis included chronic cervicobrachial syndrome, right lateral epicondylitis, right forearm tendinitis, and right shoulder tendinitis with SLAP (Superior Labral Anterior-Posterior) lesion and possible adhesive capsulitis. The treating physician noted a very difficult multifactorial pain syndrome involving the neck and upper extremity. Pain had been difficult to control. She had failed an extensive course of non-operative care for her right lateral epicondylitis including activity modification, splinting, anti-inflammatory medications, and multiple corticosteroid injections. The AME (Agreed Medical Evaluation) [REDACTED] recommended surgical treatment. The patient wished to pursue surgical treatment as this may improve one component of her pain. The 5/1/14 utilization review denied the request for right elbow surgery and post-op physical therapy based on no documentation that appropriate conservative treatment had been exhausted.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Right lateral epicondylar debridement, extensor reattachment and possible anconeus muscle flap, right elbow:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 603.

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

**Decision rationale:** The updated ACOEM elbow guidelines 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. Guideline criteria have been met. This patient has subjective and clinical exam findings consistent with the diagnosis of lateral epicondylitis. MRI findings documented right extensor tendinosis and a partial tear. Guideline-recommended conservative treatment has been tried and has failed. Therefore, this request for right lateral epicondylar debridement, extensor reattachment and possible anconeus muscle flap, right elbow, is medically necessary.

**Twelve Post-operative Physical Therapy sessions:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 17.

**Decision rationale:** The California Post-Surgical Treatment Guidelines for lateral epicondylitis suggest a general course of 12 post-operative visits over 12 weeks during the 6-month post-surgical treatment period. An initial course of therapy would be supported for one-half the general course or 6 visits. If it is determined that additional functional improvement can be accomplished after completion of the general course of therapy, physical medicine treatment may be continued up to the end of the postsurgical physical medicine period. This is the initial request for post-operative physical therapy and, although it exceeds recommendations for initial care, is within the recommended general course. Therefore, this request for Twelve Post-operative Physical Therapy sessions is medically necessary and appropriate.