

Case Number:	CM14-0088212		
Date Assigned:	07/23/2014	Date of Injury:	11/20/2013
Decision Date:	09/10/2014	UR Denial Date:	05/30/2014
Priority:	Standard	Application Received:	06/12/2014

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 38 year old male who sustained an industrial injury on 11/20/2013 to the right elbow. He reported that during his usual and customary work duties, he developed gradually progressive pain with repetitive gripping and grasping. Diagnosis is right elbow lateral epiconylitis and right elbow ECRL strain. Treatment to date has included medications, physiotherapy, and a lateral epicondyle cortisone injection which provided temporary benefit. An MRI of the right elbow dated 2/15/2014 provided the impression: strain and possible intrasubstance muscle tear of the extenso carpi radialis longus muscle belly adjacent to the lateral epicondyle. 2. Mild common extenso tendinosis is a possibility but here is no local tendon tear evident. 3. The lateral collateral ligament appears intact. The patient had an ortho follow-up on 5/21/2014 regarding his complaint of right lateral elbow pain. He continues to have significant activity limiting pain. Request for PRP injection has been denied. Physical examination documents mild swelling over the lateral epicondyle and there is marked tenderness just distally to this. He has full active motion and no stability. He has lateral elbow pain with resisted middle finger extension. Work status is with restrictions to avoid repetitive firm gripping and grasping activities with the right hand, and may use his counter traction band as needed. Request is for right elbow open microtenotomy of common extensor tendon. The patient was seen for follow on 7/23/2014. He rates right elbow pain as moderate at rest and moderate to severe with activity. He denies any mechanical symptoms. Symptoms are improved with rest and worsened with gripping/grasping. Listed medications are Prilosec and tramadol 50mg. On physical examination, there is mild swelling over the lateral epicondyle with marked tenderness just distally, full range of motion and 5/5 motor strength. Resisted middle finger extension elicits lateral elbow pain. There is no forearm tenderness, muscle tone and bulk is normal, reflexes 2+, and he is neurovascularly intact. Authorization for right elbow surgery and post-op PT is requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right Elbow Open Microtenotomy of the Common Extensor Tendon: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG-Elbow chapter.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Elbow, Radiofrequency epicondylitis treatment (Topaz procedure).

Decision rationale: According to the ODG, Microtenotomy (Radiofrequency epicondylitis treatment (Topaz procedure)) is not recommended. Radiofrequency coblation devices (e.g., Topaz Microdebrider) are experimental and investigational for the treatment of musculoskeletal conditions because their effectiveness for these conditions has not been established. In addition, evidence is needed about the effectiveness of this approach compared to established methods of management of these musculoskeletal conditions. In the absence of support for this procedure within the evidence based guidelines, the medical necessity of the request has not been established.