

<b>Case Number:</b>	CM14-0093783		
<b>Date Assigned:</b>	07/25/2014	<b>Date of Injury:</b>	12/24/2013
<b>Decision Date:</b>	08/29/2014	<b>UR Denial Date:</b>	06/09/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/20/2014

### 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 has a subspecialty in Pediatric Orthopedics and is licensed to practice in Texas & Colorado. 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 59-year-old male who reported an injury on 12/24/2013. The injured worker's diagnosis was lateral epicondylitis. The mechanism of injury was the injured worker was injured while pushing a weight bench. Prior treatment included physical therapy, modified duty, ibuprofen, and hot and cold packs. Additional treatments included a cortisone injection. The injured worker underwent an MRI of the right elbow without contrast on 03/12/2014 which revealed there was a high grade partial tear of the deep fibers of the common extensor tendon at the origin with no full thickness tear. There was a sprain of the lateral ulnar collateral ligament and scarring of the radial collateral ligament. There was no ligament tear or osseous injury. There was mild arthrosis and the radiocapitellar and ulnotrochlear articulations. There was mild insertional biceps tendinosis and a small joint effusion with mild synovitis. The documentation of 05/27/2014 revealed the injured worker continued to have pain over the right elbow. The injured worker had tenderness to palpation over the lateral epicondyle. The injured worker had 0 to 110 degrees range of motion in the elbow. The injured worker had pain with resisted supination and pronation and resisted finger extension. The diagnosis included right lateral epicondylitis. The treatment plan included as the injured worker had an MRI which revealed a partial thickness tear of the extensor musculature consistent with symptoms, the request was made for a right elbow open debridement and extensor musculature repair for lateral epicondylitis.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Right Elbow Debridement and extensor musculature repair: Overturned**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 603-604. Decision based on Non-MTUS Citation ODG Elbow-Acute & Chronic ( Surgery for epicondylitis).

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 44-45.

**Decision rationale:** The ACOEM Guidelines indicate that a surgical consultation may be appropriate for injured workers who have significant limitation of activity for more than 3 months, a failure to improve with exercise programs to increase range of motion and strength of the musculature around the elbow or 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. Additionally, conservative care should be maintained for a minimum of 3 to 6 months for the treatment of lateral epicondylalgia. The clinical documentation submitted for review indicated the injured worker had tenderness to palpation of the lateral epicondyle. It was indicated the injured worker had tried physical therapy and an injection as well as activity modification, which did not help. The injured worker's symptoms persisted for 6 months, which would meet the criteria for surgical intervention. Given the above, the request for right elbow debridement and extensor musculature repair is medically necessary.

**Cold Therapy Unit: Upheld**

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Elbow Chapter, Cold Packs.

**Decision rationale:** The ACOEM Guidelines do not address cold therapy. As such, secondary guidelines were sought. The Official Disability Guidelines indicate that cold packs are recommended during the first few days, and thereafter applications of either heat or cold packs to suit the injured worker. There was lack of documentation indicating a necessity for a cold therapy unit. The request as submitted failed to indicate the duration of use and whether the request was for rental or purchase. Given the above, the request for cold therapy unit is not medically necessary.

**Post Op Physical Therapy 2 x week for 6 weeks: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 16-18.

**MAXIMUS guideline:** Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 10, 17.

**Decision rationale:** The California MTUS Postsurgical Treatment Guidelines indicate that the appropriate treatment for lateral epicondylitis postsurgically is 12 visits and the initial therapy is 1 half the number of recommended visits. This request would be supported for 6 visits. However, the request as submitted failed to indicate the body part to be treated with therapy. The request for 12 visits would be excessive without a re-evaluation after 6 sessions. Given the above, the request for post-op physical therapy 2 x week for 6 weeks is not medically necessary.

**Pre Operative Medical Clearance:** Overturned

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: <http://www.choosingwisely.org/?s=preoperative+surgical+clearance&submit=>.

**Decision rationale:** Per the Society of General Internal Medicine Online, Preoperative assessment is expected before all surgical procedures. The clinical documentation submitted for review met the criteria for surgical intervention. As such, the request for a preoperative medical clearance would be supported. Given the above, the request for pre-operative medical clearance is medically necessary.