

Case Number:	CM14-0190746		
Date Assigned:	11/24/2014	Date of Injury:	09/03/2014
Decision Date:	01/27/2015	UR Denial Date:	11/12/2014
Priority:	Standard	Application Received:	11/15/2014

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 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 49-year-old male who reported an injury after pulling on an emergency brake handle on 09/03/2014. On 10/20/2014, his diagnoses included lateral epicondylitis of the left elbow. A cortisone injection to the elbow was recommended but he declined. He also declined any additional types of therapy. His medications included Ultram 50 mg and Elavil 25 mg. He reported that Voltaren gel was not effective. The rationale was that he wished to proceed with surgical intervention. A Request for Authorization dated 11/04/2014 was included in this injured worker's chart.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lateral epicondyle release to the left elbow: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 44-49. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Elbow, Surgery for epicondylitis

Decision rationale: The request for lateral epicondyle release to the left elbow is not medically necessary. The California ACOEM Guidelines note that referral for surgical consultation may be indicated for patients who have significant limitations of activity for more than 3 months, failed

to improve with exercise programs to increase range of motion and strength of the musculature around the elbow, or clear clinical and electrophysiological or imaging evidence of a lesion that has been shown to benefit in both the short and long term from surgical repair. The Official Disability Guidelines noted that surgery for chronic lateral epicondylitis is recommended after 12 months of failed conservative treatment. Conservative measures work over 95% of the time, but when they fail, surgical management may be indicated. Almost all patients respond to conservative measures and do not require surgical intervention. The criteria for a lateral epicondylar release for chronic lateral epicondylalgia include 12 months of compliance with non-operative management; failure to improve with NSAIDs, elbow bands/straps, activity modification, and physical therapy/exercise programs to increase range of motion and strength of the musculature around the elbow; and long term failure with at least 1 type of injection, ideally with documented short term relief from the injection. It was noted in the submitted documents that this injured worker refused an injection to the elbow and other types of therapy including physical therapy. He was not taking NSAIDs. Additionally, there has not been 12 months of non-operative management. The guideline criteria have not been met. Therefore, this request for lateral epicondyle release to the left elbow is not medically necessary.