

Case Number:	CM14-0206827		
Date Assigned:	12/18/2014	Date of Injury:	06/14/2007
Decision Date:	02/27/2015	UR Denial Date:	11/12/2014
Priority:	Standard	Application Received:	12/10/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
State(s) of Licensure: California
Certification(s)/Specialty: Orthopedic Surgery

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

58 year old male claimant with an industrial injury dated 06/14/07. The patient is status post a right lateral epicondylar repair as of 12/22/08, and a left medial epicondylar repair as of November 2009. MRI dated 07/17/14 reveals left sided medial epicondyle tendon in which may be re-torn. Exam note 10/29/14 states the patient returns with left elbow pain. Upon physical exam there was evidence of tenderness surrounding the lateral epicondyle at the origin of the mobile wad of 3 aspect of the elbow, but not medial. The patient demonstrated pain over the lateral epicondyle with resisted wrist extension and direct palpation. Conservative treatments include physical therapy, splinting, and injections. Current medications include Lisinopril, and Atorvastatin. Diagnosis is noted as lesion of ulnar nerve, carpal tunnel syndrome, lesion of radial nerve, and lumbago. Treatment includes a lateral tenex procedure.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lateral tenex procedure under fluoroscopic guidance (right elbow): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Chapter : Elbow, Online Edition

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 35. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Elbow section, Surgery for epicondylitis.

Decision rationale: CA MTUS/ACOEM Elbow chapter, page 35 recommends a minimum of 3-6 months of conservative care prior to contemplation of surgical care. ODG, Elbow section, Surgery for epicondylitis, recommends 12 months of non-operative management with failure to improve with NSAIDs, elbow bands/straps, activity modification and physical therapy program. In addition there should be failure of injection into the elbow to relieve symptoms. In this case there is insufficient evidence from the exam note of 10/29/14 of failure of conservative care of 12 months to warrant a lateral epicondylar release. Therefore determination is for not medically necessary.

Lateral tenex procedure under fluoroscopic guidance (left elbow): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Chapter : Elbow, Online Edition

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 35. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Elbow section, Surgery for epicondylitis.

Decision rationale: CA MTUS/ACOEM Elbow chapter, page 35 recommends a minimum of 3-6 months of conservative care prior to contemplation of surgical care. ODG, Elbow section, Surgery for epicondylitis, recommends 12 months of non-operative management with failure to improve with NSAIDs, elbow bands/straps, activity modification and physical therapy program. In addition there should be failure of injection into the elbow to relieve symptoms. In this case there is insufficient evidence from the exam note of 10/29/14 of failure of conservative care of 12 months to warrant a lateral epicondylar release. Therefore determination is for not medically necessary.