

<b>Case Number:</b>	CM15-0139555		
<b>Date Assigned:</b>	07/29/2015	<b>Date of Injury:</b>	03/27/2015
<b>Decision Date:</b>	09/01/2015	<b>UR Denial Date:</b>	06/25/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/17/2015

### 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: Minnesota, Florida  
 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:

The injured worker is a 61 year old male, who sustained an industrial injury on 3-27-15. The injured worker was diagnosed as having right elbow lateral epicondylitis. Treatment to date has included a Cortisone injection, physical therapy, and a home exercise program. Physical examination findings on 6-16-15 included right elbow tenderness over the lateral epicondyle and proximal extensor tendons. Pain was noted with resisted testing of supination and pronation of the right forearm. Sensation, muscle strength, and reflexes were within normal limits. Currently, the injured worker complains of right lateral elbow pain with supination and pronation of the forearm. The treating physician requested authorization for a right elbow tenotomy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Right Elbow Tenotomy:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 35, 36.

**Decision rationale:** The injured worker is a 61-year-old male with a date of injury of 3/27/2015. Per initial orthopedic evaluation of 5/12/2015 this was a repetitive motion type injury to the right elbow from using a metal detector wand. X-rays of the right elbow revealed a prior fusion of the right wrist with an internal fixation plate present. He was referred to physical therapy for pain over the lateral epicondyle and received 6 treatments with no improvement. Examination on 5/12/2015 revealed full range of motion of the elbow. He was tender over the lateral epicondyle. X-rays of the elbow showed some calcification over the lateral epicondyle. X-rays of the right wrist showed plate fixation across the wrist with fusion of the radiocarpal joint. The diagnosis was right elbow lateral epicondylitis and possible peripheral nerve entrapment syndrome in the right upper extremity. The treatment plan was a corticosteroid injection to the lateral epicondyle. A subsequent request for authorization was filed on 6/16/2015 for percutaneous tenotomy of the lateral epicondyle, right elbow using a Tenex Health device. Progress notes of that date indicate that the injured worker reported some improvement with the corticosteroid injection but then had recurrence of pain after returning to his normal job. The request for authorization was received on 6/19/2015 and noncertified on 6/25/2015. The rationale for the noncertification has not been submitted with the medical records submitted for this review. The California MTUS guidelines indicate that conservative care should be maintained for a minimum of 3-6 months for lateral epicondylalgia before considering surgery. The majority of patients improve with non-operative treatment. The guidelines necessitate using 3-4 different types of conservative treatment for a period of 6 months before considering surgery. However, under unusual circumstances 3 months of failed conservative treatment may be considered. In this case, the date of injury was 3/27/2015 and surgery was requested on 6/16/2015. Physical therapy was utilized for 6 treatments only. One corticosteroid injection was documented. As such, the guidelines recommendation of 6 months of conservative care using 3-4 different types of treatments has not been exhausted and medical necessity of the surgical procedure has not been substantiated.