

<b>Case Number:</b>	CM15-0161131		
<b>Date Assigned:</b>	08/27/2015	<b>Date of Injury:</b>	07/25/2014
<b>Decision Date:</b>	10/05/2015	<b>UR Denial Date:</b>	07/31/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/17/2015

### 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: Illinois, California, Texas  
 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:

This injured worker is a 64-year-old male who sustained an industrial injury on 7/25/14, relative to cumulative trauma as an electric lineman. Conservative treatment included right elbow corticosteroid injections, activity modification, bracing, physical therapy, home exercise, and medications. The 7/8/15 right elbow MRI impression documented moderate tendinosis and minor interstitial tearing of the common flexor tendon with mild spurring and remodeling of the medial epicondyle. There was moderate tendinosis of the common extensor tendon with partial tear of the deep fibers from the lateral epicondylar attachment, some of which had retracted to the radiocapitellar joint line. The tear probably involved 50% of the tendon thickness. The 7/9/15 treating physician report cited persistent right elbow medial and lateral elbow pain, mostly activity related but also occurred at rest. There was imaging evidence of post tendinosis with 50% tear of the common extensor tendon. Physical exam documented full elbow range of motion, normal strength with some slight guarding, and increased right elbow pain with resisted wrist dorsiflexion. The injured worker had lateral epicondylitis that was refractory to conservative treatment. Surgery for tennis elbow debridement and tenotomy with a mini-open technique was recommended. Authorization was requested for right elbow arthroscopy with lateral epicondylar debridement, pre-operative clearance: lab work, post-operative physical therapy 12 sessions for the right elbow, and a surgical assistant. The 7/31/15 utilization review modified the request for right elbow arthroscopy with lateral epicondylar debridement to lateral epicondylar debridement only, as arthroscopy was not supported. The request for pre-operative clearance: lab work was modified to pre-operative clearance, history and physical, and EKG

based on Official Disability Guidelines. The request for 12 sessions of physical therapy was modified to 6 initial sessions consistent with Post-Surgical Treatment Guidelines. The request for assistant surgeon was non-certified as the complexity of the procedure did not support the need for an assistant surgeon. The 8/6/15 treating physician report cited worsened right elbow pain interfering with work and activities of daily living. Right elbow exam documented tenderness over the proximal extensor group and lateral epicondyle. There was full range of motion, and increased pain with volar and dorsiflexion of the wrist. Elbow neurologic status was normal and there was no deformity. Strength was normal with slight guarding. The diagnosis included right elbow epicondylitis with tear of the common extensor tendon. There was every indication of lateral epicondylitis that was refractory to injection and conservative treatment. A tennis elbow debridement and tenotomy had been recommended. This would be performed with a mini-open technique.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **Right elbow arthroscopy with lateral epicondylar debridement: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 35-36. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Elbow: Arthroscopy; Surgery for epicondylitis.

**Decision rationale:** The California MTUS guidelines state that surgery for lateral epicondylalgia should only be a consideration for those patients who fail to improve after a minimum of 6 months of care that includes at least 3-4 different types of conservative treatment. However, there are unusual circumstances in which, after 3 months of failed conservative treatment, surgery may be considered. Although some individuals will improve with surgery for lateral epicondylalgia, at this time there are no published RCTs that indicate that surgery improves the condition over non-surgical options. The Official Disability Guidelines recommend arthroscopy to allow the physician to see the inside of a joint. Guideline criteria for lateral epicondylar release state that any of the three main surgical approaches are acceptable (open, percutaneous and arthroscopic). Guideline criteria have not been met for arthroscopic surgery. This injured worker presents with signs/symptoms and clinical exam findings consistent with imaging evidence of a common extensor tendon tear. There is no significant intra-articular combination of subjective and objective findings to support the medical necessity of arthroscopy. Records documented intent for a mini-open approach. The 7/31/15 utilization review modified this request to include lateral epicondylar debridement without arthroscopy, noting provider agreement. There is no compelling rationale to support the medical necessity of arthroscopy in the absence of intra-articular findings. Therefore, this request is not medically necessary.

**Associated surgical service: surgical assistant: Overturned**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Centers for Medicare and Medicaid services, Physician Fee Schedule: Assistant Surgeons, <http://www.cms.gov/apps/physician-fee-schedule/overview.aspx>.

**Decision rationale:** The California MTUS guidelines do not address the appropriateness of assistant surgeons. The Center for Medicare and Medicaid Services (CMS) provide direction relative to the typical medical necessity of assistant surgeons. The Centers for Medicare & Medicaid Services (CMS) has revised the list of surgical procedures which are eligible for assistant-at-surgery. The procedure codes with a 0 under the assistant surgeon heading imply that an assistant is not necessary; however, procedure codes with a 1 or 2 implies that an assistant is usually necessary. For this requested surgery, CPT code 24341 for lateral epicondyle surgery, there is a "2" in the assistant surgeon column. Therefore, based on the stated guideline and the complexity of the procedure, this request is medically necessary.

**Pre-operative clearance: lab work: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Practice advisory for preanesthesia evaluation: an updated report by the American Society of Anesthesiologists Task Force on Preanesthesia Evaluation. *Anesthesiology* 2012 Mar; 116(3):522-38.

**Decision rationale:** The California MTUS guidelines do not provide recommendations for this service. Evidence based medical guidelines indicate that most laboratory tests are not necessary for routine procedures unless a specific indication is present. Indications for such testing should be documented and based on medical records, patient interview, physical examination, and type and invasiveness of the planned procedure. Guideline criteria have not been met. A generic request for non-specific pre-operative lab work is under consideration. Although, basic lab testing would typically be supported for patients undergoing this procedure and general anesthesia, the medical necessity of a non-specific lab request cannot be established. Therefore, this request is not medically necessary.

**Postoperative physical therapy, 2 times a week, right elbow Qty:12: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** The California Post-Surgical Treatment Guidelines for surgical treatment of lateral epicondylitis suggest a general course of 12 post-operative physical medicine visits over 12 weeks, during the 6-month post-surgical treatment period. An initial course of therapy would be supported for one-half the general course or 6 visits. With documentation of functional improvement, a subsequent course of therapy shall be prescribed within the parameters of the general course of therapy applicable to the specific surgery. With documentation of functional improvement, a subsequent course of therapy shall be prescribed within the parameters of the general course of therapy applicable to the specific surgery. The 7/31/15 utilization review recommended partial certification of 6 initial post-op physical therapy visits consistent with guidelines. There is no compelling reason submitted to support the medical necessity of care beyond guideline recommendations and the care already certified. Therefore, this request is not medically necessary.