

Case Number:	CM15-0181733		
Date Assigned:	09/23/2015	Date of Injury:	08/15/2014
Decision Date:	10/27/2015	UR Denial Date:	08/14/2015
Priority:	Standard	Application Received:	09/15/2015

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: California, Oregon, Washington
 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 is a 45 year old male with a date of injury on 8-15-2014. A review of the medical records indicates that the injured worker is undergoing treatment for lateral epicondylitis. According to the progress report dated 8-5-2015, the injured worker complained of chronic right upper extremity pain. He rated his right arm and right elbow pain as seven out of ten. He stated the pain was mainly around the right lateral elbow with radiation into the right forearm and hand. He reported some numbness and tingling in the fourth and fifth digits. Per the treating physician (8-5-2015), the injured worker continued to work with restrictions. The physical exam (7-6-2015) revealed pain to palpation of the carpal radius brevis longus. There was decreased sensation over the ulnar distribution on the right. There was break away weakness on the right wrist against resistance. Treatment has included cortisone injection with temporary relief and medications. Current medications (8-5-2015) included Gabapentin and Nabumetone. The injured worker underwent electromyography (EMG)-nerve conduction study (NCS) on 3-25-2015 which showed ulnar neuropathy at the right elbow. Magnetic resonance imaging (MRI) of the right elbow from 6-15-2015 showed severe tendinopathy and focal intrasubstance tearing of the lateral supinator extensor mass with associated lateral epicondylitis-bone marrow edema. The original Utilization Review (UR) (8-14-2015) denied a request for a right, lateral epicondyle Tenex procedure.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right lateral epicondyle TENEX procedure: Upheld

Claims Administrator guideline: Decision based on MTUS Elbow Complaints 2007. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Elbow, TX1 (Tenex).

MAXIMUS guideline: Decision based on MTUS Elbow Complaints 2007, Section(s): Lateral Epicondylalgia. 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 of failure of conservative care of 12 months to warrant a lateral epicondylar TENEX procedure. Therefore determination is for non-certification. Therefore, the requested treatment is not medically necessary.