

Case Number:	CM15-0204090		
Date Assigned:	10/20/2015	Date of Injury:	08/15/2014
Decision Date:	12/02/2015	UR Denial Date:	09/18/2015
Priority:	Standard	Application Received:	10/16/2015

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:

The injured worker is a 45 year old male with an industrial injury dated 02-19-2014. A review of the medical records indicates that the injured worker is undergoing treatment for lateral epicondylitis. According to the progress note dated 07-06-2015, the injured worker reported persistent severe right elbow pain over the medial and lateral aspect, more painful on the lateral aspect. Objective findings (06-05-2015, 07-06-2015) revealed pain to palpation of the carpal radius brevis longus, decreased sensation over the ulnar distribution on the right, and break away weakness on the right wrist against resistance. According to the progress note dated 08-05-2015, the injured worker reported chronic right upper extremity pain. The injured worker continues to have pain in the right arm and elbow rated 7 out of 10 on a visual analog scale (VAS). The injured worker also reported numbness and tingling in the fourth and fifth digits. Objective findings (08-05-2015) for right upper extremity were not documented. The treating physician reported that the Magnetic Resonance Imaging (MRI) dated 06-15-2015 revealed severe tendinopathy and focal intrasubstance tearing of the lateral supinator extensor mass with associated lateral epicondylitis and bone marrow edema. There was also mild medial pronator flexor mass tendinopathy. The treating physician also reported that the Electromyography (EMG) of the right upper extremity revealed ulnar neuropathy. Treatment has included diagnostic studies, prescribed medications, cortisone injection with temporary relief and periodic follow up visits. The injured worker is currently working with modified restrictions. The utilization review dated 09-18-2015, non-certified the request for 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 release. Therefore determination is not medically necessary.