

Case Number:	CM15-0043315		
Date Assigned:	03/13/2015	Date of Injury:	04/01/2012
Decision Date:	04/16/2015	UR Denial Date:	02/17/2015
Priority:	Standard	Application Received:	03/06/2015

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:

The injured worker is a 53-year-old male who sustained an industrial injury on 4/1/12. Past surgical history was positive for two right elbow surgeries. Records documented conservative treatment since at least 2/14/14, including corticosteroid injections, physical therapy, tennis elbow bracing, activity modification, and anti-inflammatory medications. There was temporary benefit reported to most conservative treatment but no sustained improvement. The 12/23/14 treating physician report cited chronic refractory unresolved left tennis elbow pain and disability. Conservative treatment had included 5 prior corticosteroid injections, physical therapy, tennis elbow wrap, and anti-inflammatories with incomplete relief. He had pinpoint pain and tenderness at the tip of the lateral epicondyle with 4+ pain on dorsiflexion of his wrist against resistance. There was marked grip strength weakness. The diagnosis was chronic refractory left tennis elbow with resolving right tennis elbow. The patient was to continue full duty work as tolerated. Authorization was requested for left tennis elbow surgery. The 2/17/14 utilization review non-certified the request for left tennis elbow release surgery and associated pre-operative testing as there was no clinical documentation of the left elbow, no imaging studies, and no indication that the injured worker had failed 12 months of conservative treatment.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left tennis elbow release surgery: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Elbow Chapter.

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

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. Guideline criteria have been met. This patient presents with chronic refractory left elbow pain and disability. Clinical exam findings are consistent with lateral epicondylitis. Detailed evidence of 12 months of recent, reasonable and/or comprehensive non-operative treatment protocol trial and failure has been submitted consistent with guidelines. Therefore, this request is medically necessary.

Pre-operative physical including CBC and chem panel: 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 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 a basic pre-operative assessment is required for all patients undergoing diagnostic or therapeutic procedures. 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. Middle-aged males have known occult increased medical/cardiac risk factors. Guideline criteria have been met on the basis of age, long-term non-steroidal anti-inflammatory drug use, and risk of undergoing anesthesia. Therefore, this request is medically necessary.