

Case Number:	CM15-0045949		
Date Assigned:	03/18/2015	Date of Injury:	03/01/2012
Decision Date:	04/23/2015	UR Denial Date:	02/12/2015
Priority:	Standard	Application Received:	03/10/2015

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 65-year-old female, who sustained an industrial injury on 3/1/2012. She reported cumulative repetitive motion injury to the left elbow. The injured worker was diagnosed as having lateral epicondylitis. Treatment to date has included physical therapy, bracing and medication management. Currently, a progress note from the treating provider dated 2/5/2015 indicates the injured worker reported left elbow pain with numbness and tingling. The disputed issue is a surgical request for a TENEX tenotomy of the left lateral epicondyle, which is a percutaneous procedure. She underwent an MRI scan on 8/15/2014, which showed evidence of tendinitis. The report is not submitted. Conservative treatment has included, physical therapy, injections, NSAIDs and acupuncture. Documentation indicates that conservative treatment has been tried and failed. Utilization Review noncertified the request for Tenex tenotomy of the lateral epicondyle using ODG guidelines pertaining to a Topaz procedure radiofrequency device which is not recommended. However, the requested procedure is tenotomy with a Tenex device and not the radiofrequency device. The denial has been appealed with an explanation that the Tenex device will be used. ODG guidelines do recommend the Tenex device.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tenotomy of the left lateral epicondyle: Overturned

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007). Decision based on Non-MTUS Citation ODG; Section: Elbow, Topic: TX1, Tenex.

Decision rationale: In light of the benefits of less invasive procedures, California MTUS guidelines indicate 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. The documentation provided does indicate failure of 3-4 different types of conservative treatment over a period of 6 months. As such, the request for tenotomy of the lateral epicondyle is supported and the medical necessity of the request has been substantiated. The guidelines recommend percutaneous procedures. The requested procedure is a Tenex device percutaneous minimally invasive microresection faciotomy and tenotomy for recalcitrant lateral elbow tendinopathy which is recommended by ODG guidelines. As such, the procedure is appropriate and medically necessary.