

<b>Case Number:</b>	CM15-0048841		
<b>Date Assigned:</b>	03/20/2015	<b>Date of Injury:</b>	03/29/2013
<b>Decision Date:</b>	05/01/2015	<b>UR Denial Date:</b>	02/20/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/16/2015

### 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: 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 56-year-old female who sustained an industrial injury on 3/29/13. Injury occurred when she was unloading heavy boxes at work. She was diagnosed with left lateral epicondylitis. Past medical history was positive for gastroesophageal reflux disease. The 6/25/13 left elbow MRI was reported as a negative study. A platelet-rich plasma injection was performed on 4/16/14 with no improvement. Additional treatment included bracing and activity modification. The 9/29/14 orthopedic report indicated that pain at the left epicondyle was improved compared to pre-injection but was still bothering her and kept her from doing full duty work. There was moderate tenderness to palpation over the left lateral epicondyle and pain with resisted wrist extension. The patient had persistent pain after platelet-rich plasma injection nearly 6 months ago. Surgery was recommended to include left elbow lateral epicondyle release and debridement. The 12/24/14 treating physician report cited increasing left elbow pain and discomfort. Pain was made more severe with use of the left arm, lifting, reaching, and gripping. Pain kept her up at night. She was working but limited lifting to 10 pounds at work. She used a counterforce brace when lifting. Elbow exam documented full range of motion, pain and tightness to palpation over the left lateral epicondyle and extensor muscle, negative Tinel's, normal strength, and positive resisted wrist extension testing. A medical legal exam was pending regarding elbow surgery. The 2/20/15 utilization review non-certified the request for left lateral epicondylar release as the conservative treatment to date had not satisfied guideline criteria.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Left lateral epicondylar release:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 603-604.

**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 not been fully met. The patient presents with persistent left lateral epicondyle pain. Clinical exam findings support the diagnosis of lateral epicondylitis. Detailed evidence of a recent, reasonable and/or comprehensive non-operative treatment guideline-recommended protocol trial and failure has not been submitted. Guidelines do not support fully platelet-rich plasma injections. There is no documentation of guideline-recommended physical therapy, home exercise, corticosteroid injection, or medications. Therefore, this request is not medically necessary at this time.