

<b>Case Number:</b>	CM15-0082057		
<b>Date Assigned:</b>	05/05/2015	<b>Date of Injury:</b>	10/21/2014
<b>Decision Date:</b>	08/04/2015	<b>UR Denial Date:</b>	04/20/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/29/2015

### 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: New York

Certification(s)/Specialty: Neurological 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 52 year old female, who sustained an industrial injury on October 21, 2014, incurring elbow and right shoulder injuries after lifting heavy objects. Treatment included occupational therapy, physical therapy, anti-inflammatory drugs, modified work duty and steroid injections. She was diagnosed with right lateral epicondylitis. Currently, the injured worker complained of persistent right elbow pain with restricted range of motion. The treatment plan that was requested for authorization included right elbow surgery, assistant physician's assistant, pre-operative medical clearance/electrocardiogram, a long arm splint, post-operative therapy to the right elbow and prescriptions for Norco and Keflex.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Denervation of the right lateral epicondyle by excision of the posterior branches of the posterior cutaneous nerve and implantation of the branches into deep muscle: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 35-36. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Elbow Procedures, Online Version, Criteria for lateral epicondylar release for chronic lateral epicondylalgia and J Hand Surg Am. 2013 Feb; 38(2): 344-9. doi:

10.1016/j.hsa. 2012.10.033 Denervation of the lateral humeral epicondyle for treatment of chronic lateral epicondylitis.

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

**Decision rationale:** The California MTUS guidelines recommend surgery for lateral epicondylalgia only as a consideration for those patients who fail to improve after a minimum of care that includes at least 3-4 different types of conservative treatment. Documentation does not provide evidence of the results of such treatment or details of how they were administered. Documentation is not provided from peer reviewed sources of the long term outcomes of elbow denervation. The requested treatment: Denervation of the right lateral epicondyle by excision of the posterior branches of the posterior cutaneous nerve and implantation of the branches into deep muscle is NOT Medically necessary and appropriate.

**Associated surgical service: Assistant PA:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not cite any medical evidence for its decision.

**Decision rationale:** Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

**Pre-Operative Medical Clearance/EKG:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not cite any medical evidence for its decision.

**Decision rationale:** Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

**Associated surgical service: Long Arm Splint:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not cite any medical evidence for its decision.

**Decision rationale:** Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

**Post-Operative Occupational Therapy (Right Elbow) 2 x 4:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not cite any medical evidence for its decision.

**Decision rationale:** Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

**Norco 5/325mg, #40:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not cite any medical evidence for its decision.

**Decision rationale:** Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

**Keflex 500mg, #20:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not cite any medical evidence for its decision.

**Decision rationale:** Since the primary procedure is not medically necessary, none of the associated services are medically necessary.