

<b>Case Number:</b>	CM15-0084009		
<b>Date Assigned:</b>	05/06/2015	<b>Date of Injury:</b>	04/09/2012
<b>Decision Date:</b>	06/04/2015	<b>UR Denial Date:</b>	04/17/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/01/2015

### 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, Indiana, Oregon  
 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 38 year old male who sustained a work related injury April 9, 2012. Past history included s/p right elbow extensor origin debridement, carpometacarpal joint arthrosis of the thumbs and chronic lumbar pain syndrome. According to a primary treating physician re-evaluation, dated February 2, 2015, the injured worker presented with complaints of persistent bilateral wrist and left elbow pain, rated 6/10. He stated the pain is well controlled with medication. Diagnoses included bilateral wrist sprain/strain; bilateral elbow sprain/strain; bilateral lateral epicondylitis of the elbows; bilateral ulnar radiculitis of the elbows; bilateral DeQuervain's tenosynovitis. A progress report dated March 10, 2015, finds the injured workers right elbow well healed. The left elbow is tender. Treatment plan included a request for authorization for a left elbow lateral release.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Left elbow lateral release:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 35-36, Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Elbow procedure summary.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) elbow.

**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 in the exam note from 12/8/14 to warrant a lateral epicondylar release. Therefore, the request is not medically necessary.