

<b>Case Number:</b>	CM14-0119762		
<b>Date Assigned:</b>	09/16/2014	<b>Date of Injury:</b>	11/22/2011
<b>Decision Date:</b>	10/17/2014	<b>UR Denial Date:</b>	07/11/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/28/2014

### 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. The expert reviewer is Board Certified in Orthopedic Surgery and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 claimant is a 42-year-old female injured on 11/22/97. The clinical records provided for review documented that since the time of injury claimant has undergone right shoulder arthroscopy with subacromial decompression and distal clavicle excision on 7/2/13 and that the claimant currently has complaints related to the right elbow. The medical records revealed that electrodiagnostic studies dated 3/21/14 of the right upper extremity were negative. The progress report dated 5/2/14 notes a diagnosis of right lateral epicondylitis with objective findings on examination of tenderness to the lateral epicondyle, full range of motion of elbow, and no neurologic findings. Based on failed conservative care including a prior diagnostic injection, the recommendation was made for right lateral epicondyle denervation with excision of the posterior branches of posterior cutaneous nerves. The treating surgeon documented that cutting the nerves proximal to the innervation of the lateral epicondyle would eliminate the claimant's pain.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**(R) Lateral Epicondyle Denervation with excision of Posterior Cutaneous Nerve: Upheld**

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

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

**Decision rationale:** Based on California ACOEM Guidelines, the request for right Lateral Epicondyle Denervation with excision of Posterior Cutaneous Nerve is not recommended as medically necessary. Presently there is no indication for a denervation procedure to treat lateral epicondylitis. It is unclear how this form of surgery would be superior to previous surgical processes supported for the lateral epicondyle including debridement procedures. There is also no documentation of prior conservative care. Given the nature of the surgical request, it cannot be recommended as medically necessary.

**Implantation of (R) Posterior Cutaneous Nerve Stumps: Upheld**

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

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

**Decision rationale:** California ACOEM guidelines also would not support reimplementation of the excised nerve stumps. The nature of the surgical process this case is not been established. Thus, the request for reimplementation of the excised nerve stumps is also not medically necessary.

**Possible (R) Lateral Fasciotomy with Extensor Origin Detachment: Upheld**

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

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

**Decision rationale:** California ACOEM guidelines would not support fasciotomy or extensor origin detachment. As stated above the request for the index procedure cannot be recommended as medically necessary. This is based on the lack of documentation of failed conservative care and the specific nature of the surgical request in question. Therefore, the request for fasciotomy or extensor origin detachment is also not medically necessary.

**PA Assistant: 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 labs; CBC, BMP:** 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-op PT(x10):** 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 10/325mg:** 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 capsule:** 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.