

<b>Case Number:</b>	CM14-0134583		
<b>Date Assigned:</b>	08/29/2014	<b>Date of Injury:</b>	12/05/2013
<b>Decision Date:</b>	10/17/2014	<b>UR Denial Date:</b>	08/14/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/22/2014

### 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 Surgeon, has a subspecialty in Sports Medicine 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 injured worker is a 50-year-old female who reported an injury on 12/05/2013 after she picked up a large file. The injured worker reportedly sustained an injury to her elbow. The injured worker's treatment history included anti-inflammatory medications, physical therapy, injections, and activity modifications. The injured worker underwent an MRI on 12/12/2013 that documented there was tendinopathy of the common extensor tendon without discrete tears. The injured worker was evaluated on 08/07/2014. It was documented that the injured worker had persistent elbow pain complaints rated at a 5/10. Medications included Relafen 500 mg. Objective findings included full range of motion of the bilateral wrists with tenderness over the common extensor, with no evidence of swelling or ecchymosis. The injured worker's diagnoses included tendinitis of the right shoulder and right lateral epicondylitis/left lateral epicondylitis. The injured worker's treatment plan included right elbow lateral tenoplasty. The Request for Authorization Form dated 08/14/2014 was submitted to support the request.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Right elbow lateral tenoplasty (open procedure):** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 240.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 80.

**Decision rationale:** The American College of Occupational and Environmental Medicine recommends surgical intervention for the elbow and diagnosis of lateral epicondylitis for injured workers who have failed to respond to at least a year of conservative treatment with significant findings on physical examination supported by an electrodiagnostic or imaging study. The clinical documentation submitted for review does indicate that the injured worker has had conservative treatment to include physical therapy, injections, non-steroidal anti-inflammatory drugs, and activity modifications. The clinical documentation did provide evidence that the injured worker had participated in physical therapy as recently as 05/2014 and 06/2014. The clinical documentation did include an imaging study that indicated there was tendinopathy of the common extensor tendon. As the patient has failed to respond to conservative treatments and has physical findings corroborated by an imaging study, surgical intervention would be supported at this time. As such, the requested Right elbow lateral tenoplasty (open procedure) is medically necessary and appropriate.

**Physical therapy for the right upper extremity, QTY: 6 sessions:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 235. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Physical Therapy Guidelines

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 80.

**Decision rationale:** As the requested surgical intervention is supported by the documentation, the requested ancillary service is also supported.