

Case Number:	CM14-0143163		
Date Assigned:	09/10/2014	Date of Injury:	12/18/2013
Decision Date:	10/14/2014	UR Denial Date:	08/07/2014
Priority:	Standard	Application Received:	09/04/2014

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 and is licensed to practice in Texas. 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 42-year-old male who reported an injury on 12/18/2013. The injured worker sustained injuries to his right ankle, elbow, and shoulder after he fell stepping off a tractor. Treatment history included x-rays, MRI studies, physical therapy sessions, and medications. It is documented that the injured worker underwent 9 sessions of physical therapy without improvement of symptoms. The injured worker had undergone an MRI of the right elbow on 04/09/2014 that revealed small elbow effusion, mild to moderate tendinosis at the common extensor tendon origin. No tear noted, but there was possibly a divot locally with fluid and fibrosis of common extensor origin. It is documented that the injured worker's right elbow has clinical and MRI findings compatible with lateral epicondylitis. This is a form of tendonitis, especially for the extensor carpi radialis brevis. There was fluid and a possible divot on the MRI. The provider recommended treating conservatively, namely, proper stretch of the extensor tendons of the wrist, ice the area, and massage the area with his other hand. This was 90% likely to get better with time, but it can often take 1 year or more, and a last resort is surgery or this lesion. On 07/23/2014 and, it was documented that the injured worker complained of right shoulder pain. There was painful arc of motion, night pain, and decreased grip strength secondary to lateral epicondylar pain. Range of motion of the shoulder in abduction was 90 degrees, external rotation was 60 degrees. There was point tenderness about the acromioclavicular joint with positive impingement sign. There was tenderness about the right elbow lateral condyle. There was pain with resisted wrist extension. Diagnoses include AC arthrosis, lateral epicondylitis elbow, shoulder impingement, rotator cuff tendonitis. The request for authorization dated 07/24/2014 was for decision for elbow tenotomy. The request for elbow tenotomy is not medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Elbow Tenotomy: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints, Chapter 10 Elbow Disorders (Revised 2007). Decision based on Non-MTUS Citation Official Disability Guidelines, surgery for epicondylitis

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 44-49.

Decision rationale: Per MTUS/ACEOM guidelines state that surgical considerations are the timing of a referral for surgery should be consistent with the condition that has been diagnosed, the degree of functional impairment, and the progression and severity of objective findings. Conditions that produce objective evidence of nerve entrapment and that do not respond to non-surgical treatment can be considered for surgery when treatment failure has been documented, in spite of compliance with treatment. Conditions of inflammatory nature may take many months to heal and the timing of a surgical consultation referral should take into consideration the normal healing time. Referral for surgical consultation may be indicated for patients who have: Significant limitations of activity for more than 3 months; Failed to improve with exercise programs to increase range of motion and strength of the musculature around the elbow; or Clear clinical and electro physiologic or imaging evidence of a lesion that has been shown to benefit in both the short and long term from surgical repair. Emergency consultation is reserved for patients who require drainage or aspiration of acute septic effusions, ruptures (e.g., biceps), infected hematomas and/or drainage of infected bursitis, or who have severe acute nerve impingement. Surgery during the first 3 months is only rarely indicated for elbow conditions that present for initial treatment. If surgery is a consideration, counseling regarding likely outcomes, risks, and benefits, and especially expectations is very important. It is also important to set pre-operative expectations that there is a necessity to adhere to the rehabilitative exercise regimen and work through post-operative pain. In the post-operative phase, range-of-motion exercises should involve the elbow, as well as the wrist and shoulder to avoid frozen shoulder ("adhesive capsulitis"). Furthermore, the guidelines state surgery for lateral epicondylagia, (lateral epicondylitis), surgery is recommended after at least 6 months of conservative treatment with failure to show signs of improvement (at least 3 months in unusual circumstances). The injured worker complained about the lateral aspect of the right elbow but there was no documentation of the injured worker being treated with conservative care measures such as, bracing, tennis elbow band, or corticosteroid injections. Additionally, the request submitted failed to indicate which elbow was requiring surgery. As such, the request for elbow tenotomy.