

<b>Case Number:</b>	CM14-0149817		
<b>Date Assigned:</b>	09/18/2014	<b>Date of Injury:</b>	03/12/2014
<b>Decision Date:</b>	10/17/2014	<b>UR Denial Date:</b>	08/19/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/15/2014

### 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 59-year-old gentleman who injured his left elbow in a work-related accident on March 12, 2014. The September 4, 2014 progress report noted continued complaints of pain for a current diagnosis of left lateral epicondylitis. The report documented that the claimant had failed conservative care including 11 sessions of physical therapy, a corticosteroid injection, ice and nonsteroidal anti-inflammatory medications. The physical examination revealed tenderness to the lateral epicondyle, no muscle atrophy, full range of motion and strength. The report documented that a prior MRI scan showed partial thickness fiber tearing of the common extensor tendon origin consistent with the claimant's diagnosis. The recommendation was for surgery to include a lateral epicondyle or debridement with post-operative physical therapy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Left elbow debridement with tenotomy:** 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 Elbow Updated Guidelines, the request for left elbow debridement and tenotomy is not recommended as medically necessary. At the time of the surgical request, the claimant was less than six months from time of injury. The ACOEM Guidelines recommend a minimum of six months of conservative care to include multiple forms of treatment before proceeding with operative intervention. ACOEM stated that most of the time surgery is not needed in regards to a diagnosis of lateral epicondylitis and that the diagnosis typically responds quite favorably to conservative management. Based on the less than six months of conservative care and only one isolated injection having been performed, the need for operative intervention in this case has not been established.

**Post-op left elbow PT x 12:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Postsurgical Treatment Guidelines.

**Decision rationale:** The request for left elbow debridement and tenotomy is not recommended as medically necessary. Therefore, the request for postoperative physical therapy is also not recommended as medically necessary.