

<b>Case Number:</b>	CM14-0149841		
<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:

This 59-year-old male truck driver sustained an industrial injury on 3/12/14. Injury occurred lifting a large crate off a forklift. Initial pain complaints included constant moderate and worse pain with gripping, grasping and lifting. Conservative treatment included 6 visits of physical therapy, oral anti-inflammatory medications, topical bracing, ice/heat, and corticosteroid injection. The 7/16/14 left elbow MRI impression documented moderate to high-grade deep fiber partial thickness tear of the common extensor tendon on a background of moderate tendinosis. There was focal subchondral cyst change of the posterior ulnar aspect of the radial head with overlying cartilage apparently preserved. There was focal subchondral cystic changes at the posterior aspect of the distal humeral trochlea likely reactive to overlying cartilage loss. The 8/1/14 treating physician report noted that patient had recently completed 6 physical therapy sessions and a corticosteroid injection with no significant improvement. Left elbow discomfort was reported with lifting and pulling. Repetitive fine motor tasks were not entirely comfortable. There was some discomfort at rest. Physical exam documented some tenderness along the proximal extensor group and lateral epicondyle. There was full range of motion with no atrophy and normal triceps and biceps strength. Resisted wrist dorsiflexion caused an increase in pain. Elbow neurologic exam was within normal limits. The diagnosis was left lateral epicondylitis. Left tennis elbow debridement and tenotomy was recommended. The 8/19/14 utilization review denied the request for left elbow surgery as there was an absence of clear documentation of comprehensive guideline-recommended conservative treatment. The 9/4/14 treating physician report indicated the patient had lateral elbow pain and discomfort, mostly with activity but there is some discomfort at rest. Pain radiates proximally and distally around the elbow. The patient had completed 11 of 12 physical therapy sessions and a corticosteroid injection and remained refractory to conservative treatment. He was consistent and compliant with his home exercise

program, ice, and non-steroidal anti-inflammatory agents. Physical exam was unchanged. The treatment plan again recommended tennis elbow debridement and tenotomy with possible platelet-rich plasma augmentation immediately and post-operatively.

### **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:** Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007). Decision based on Non-MTUS Citation Official Disability Guidelines, Elbow Chapters

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 35-36. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Elbow, Surgery for epicondylitis

**Decision rationale:** The California MTUS updated ACOEM elbow guidelines state that surgery for lateral epicondylalgia should only be a consideration for those patients who fail to improve after a minimum of 6 months of care that includes at least 3-4 different types of conservative treatment. However, there are unusual circumstances in which, after 3 months of failed conservative treatment, surgery may be considered. The Official Disability Guidelines recommend lateral epicondylar surgery limited to severe entrapment neuropathies. Criteria require 12 months of compliance with non-operative management, including physical therapy exercise programs to increase range of motion and strength of the musculature around the elbow. Criteria also include long term failure of at least one type of injection, ideally with documented short-term relief from injection. Guideline criteria have been met. There is no evidence that this patient had severe entrapment neuropathy. The patient appeared to improve with 5 months of comprehensive conservative treatment as evidenced by initial moderate and greater pain versus current ungraded discomfort. Functional assessment is not documented. Specific injection documentation is not provided relative to date(s) of injection(s) or specific response. Therefore, this request is not medically necessary.