

<b>Case Number:</b>	CM14-0167866		
<b>Date Assigned:</b>	10/15/2014	<b>Date of Injury:</b>	04/04/2013
<b>Decision Date:</b>	11/18/2014	<b>UR Denial Date:</b>	10/02/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/13/2014

### 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 52-year old gentleman who sustained an injury to the right elbow and upper extremities on 04/04/13. The medical records provided for specific to the right elbow included an MRI report dated 05/25/14 showing lateral epicondylitis with extensive partial tearing of the common extensor tendon origin. The orthopedic follow up report of 09/22/14 noted continued complaints of right lateral elbow pain, consistent with epicondylitis. Physical examination showed restricted flexion, point tenderness on palpation and slight swelling over the lateral epicondyle. There was a negative Tinel's testing and 5/5 motor strength with exception of the right wrist extensors at 4/5, secondary to pain. The recommendation was made for a lateral epicondylar release due to the claimant's ongoing complaints of pain. The clinical records documented that conservative care included a prior corticosteroid injection, home exercises and physical therapy. This review is for right lateral epicondylectomy with two assistant surgeons, preoperative medical clearance and eight sessions of postoperative physical therapy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Right elbow lateral epicondyloplasty to include two surgeons, pre-op clearance, and post-op PT 8 visits to right elbow.:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 17. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG) LOW BACK

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 36, Postsurgical Treatment Guidelines. Decision based on Non-MTUS Citation Milliman Care Guidelines 18th edition: assistant surgeon Assistant Surgeon Guidelines (Codes 23545 to 24430) American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2007); Independent Medical Examination and Consultation; Chapter 7, page 127.

**Decision rationale:** Based on the California ACOEM Guidelines, the request for right elbow lateral epicondylolasty is not recommended as medically necessary. ACOEM Guidelines only support this surgery after six months of conservative care including 3-4 different types of conservative treatment have been utilized. Presently, there is no documentation of six concordant months of care in regards to the claimant's right elbow or indication of 3-4 different types of measures during that six month period. In light of the fact the surgery is not recommended as medically necessary, the request for two assistant surgeons and postoperative physical therapy is also not medically necessary.

**Associated surgical services: Post-op DME: contrast aqua therapy x6 weeks and multi-stim unit plus supplies x3 months.:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG)

**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.

**Associated surgical services: post-op medications: 2, pre-op clearance, and post-op PT 8 visits to right elbow.:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007). Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG) PAIN

**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.