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| <b>Case Number:</b>   | CM14-0150004 |                              |            |
| <b>Date Assigned:</b> | 09/18/2014   | <b>Date of Injury:</b>       | 03/04/2014 |
| <b>Decision Date:</b> | 01/23/2015   | <b>UR Denial Date:</b>       | 08/25/2014 |
| <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, has a subspecialty in Sports Medicine 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 38-year-old male who reported an injury on 03/03/2014. The mechanism of injury involved heavy lifting. The current diagnosis is right elbow lateral epicondylitis with partial tear of the proximal common extensor tendon. The injured worker presented on 08/14/2014 with complaints of right elbow pain. The injured worker has been previously treated with physical therapy and home exercise. The injured worker was also tolerating light duty. Physical examination revealed no acute distress, tenderness to palpation at the proximal common extensor tendon, full range of motion, slightly limited grip strength, and increased pain with dorsiflexion of the wrist. Treatment recommendations at that time included tennis elbow debridement and tenotomy. A Request for Authorization form was then submitted on 08/18/2014. It is also noted that the injured worker underwent an MRI of the right upper extremity on 04/07/2014, which revealed a small interstitial partial thickness tear of the common extensor tendon origin.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Right tennis elbow debridement and 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 chapter

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

**Decision rationale:** The California MTUS/ACOEM Practice Guidelines state a referral for surgical consultation may be indicated for patients who have significant limitations of activity for more than 3 months, fail to improve with exercise programs, and have clear clinical and electrophysiologic or imaging evidence of a lesion. Criteria for a lateral epicondylar release is limited to severe entrapment neuropathies with 12 months of compliance with nonoperative management, including NSAIDs, elbow bands, straps, activity modification, and physical therapy exercise programs. There is no documentation of at least 12 months of compliance with NSAIDs, elbow bands/straps, and physical therapy. Based on the clinical information received and the above mentioned guidelines, the request is not medically appropriate at this time.

**Post op physical therapy 2x6 to right elbow:** Upheld

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

**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.

**Surgical assist:** Upheld

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

**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.