

<b>Case Number:</b>	CM15-0117098		
<b>Date Assigned:</b>	06/25/2015	<b>Date of Injury:</b>	05/17/2013
<b>Decision Date:</b>	07/31/2015	<b>UR Denial Date:</b>	05/20/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/15/2015

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:  
 State(s) of Licensure: Montana, Oregon, Idaho  
 Certification(s)/Specialty: Orthopedic Surgery

### 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 46 year old male with an industrial injury dated 05/07/2013. His diagnoses included bilateral lateral epicondylitis left greater than right, bilateral extensor tendonitis, impingement syndrome - bilateral shoulders; status post left shoulder arthroscopy and bilateral wrist sprain and strain. Prior treatment included physical therapy greater than 6 visits, home exercise program, cortisone injection and tennis elbow band. He presents on 05/12/2015 with continued elbow pain. Left shoulder had improved. Right elbow and right shoulder are documented as stable. Physical exam notes good range of motion of right shoulder and increased range of motion of left shoulder. Left elbow was tender to palpation. The provider documents MRI showed chronic lateral epicondylitis on 5/7/14. Treatment plan included Ibuprofen, continue home exercise program for left shoulder and left shoulder surgery (failed conservative treatment to left elbow.) Treatment request was for 12 post-operative physical therapy sessions for the left elbow, one modified Boyd procedure left elbow release with repair of common extensor tendon and one pre-operative clearance.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**One pre-operative clearance:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Low back, Preoperative testing general.

**Decision rationale:** CA MTUS/ACOEM is silent on the issue of preoperative clearance and testing. ODG, Low back, Preoperative testing general, is utilized. This chapter states that preoperative testing is guided by the patient's clinical history, comorbidities and physical examination findings. ODG states, "These investigations can be helpful to stratify risk, direct anesthetic choices, and guide postoperative management, but often are obtained because of protocol rather than medical necessity. The decision to order preoperative tests should be guided by the patient's clinical history, comorbidities and physical examination findings. Patients with signs or symptoms of active cardiovascular disease should be evaluated with appropriate testing, regardless of their preoperative status. Electrocardiography is recommended for patients undergoing high risk surgery and those undergoing intermediate risk surgery who have additional risk factors. Patients undergoing low risk surgery do not require electrocardiography. Based on the information provided for review, there is no indication of any of these clinical scenarios present in this case. In this case the patient is a healthy 46 year old without comorbidities or physical examination findings concerning to warrant preoperative testing prior to the proposed surgical procedure. Therefore, the determination is not medically necessary.

**12 post-operative physical therapy sessions for the left elbow:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Postsurgical Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 17.

**Decision rationale:** CA MTUS/Post surgical treatment guidelines, Elbow, Lateral epicondylitis, page 17 states that 12 visits over 12 weeks. Initially of those visits are authorized per the CA MTUS guidelines. In this case, the provider requests 12 post operative physical therapy sessions, the request exceeds the recommended guidelines, and therefore the request is not medically necessary.

**One Modified Boyd Procedure Left Elbow Release with Repair of Common Extensor Tendon:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment Index, 11th Edition (Web), 2014, Elbow/Surgery for ruptured biceps tendon (at the elbow) and Office visits.

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

**Decision rationale:** CA MTUS/ACOEM Elbow chapter 10, page 35 recommends a minimum of 3-6 months of conservative care prior to contemplation of surgical care. ODG, Elbow section, Surgery for epicondylitis, recommends 12 months of non-operative management with failure to improve with NSAIDs, elbow bands/straps, activity modification and physical therapy program. In addition, there should be failure of injection into the elbow to relieve symptoms. In this case, an appropriate course on non-operative management has been documented in the medical record. Sufficient evidence documented of failure of conservative care of 12 months to warrant a lateral epicondylar release. Therefore, the request is medically necessary.