

Case Number:	CM15-0179113		
Date Assigned:	09/21/2015	Date of Injury:	01/15/2015
Decision Date:	10/22/2015	UR Denial Date:	08/17/2015
Priority:	Standard	Application Received:	09/11/2015

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: California, Oregon, Washington
 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 54 year old female with an industrial injury dated 01-15-2015. A review of the medical records indicates that the injured worker is undergoing treatment for right lateral elbow epicondylitis. Medical records (06-26-2015 to 07-28-2015) indicate persistent right arm pain. In a progress report dated 06-26-2015 the injured worker presented with right arm pain aggravated by movement and positional changes with intermittent numbness. Documentation (06-26-2015) noted that the injured worker was previously treated at another facility and requested a second opinion. The injured worker reported moderate movement and changes in position and intermittent numbness. Magnetic Resonance Imaging (MRI) dated 04-27-2015 revealed moderate severe commono extensor tendinosis with moderate grade intrasubstance tear at its origin without full thickness component or tendon retraction with no acute fracture or osteonecrosis. According to the progress note dated 07-28-2015, objective findings (07-28-2015) revealed slight to moderate tenderness to palpitation lateral epicondylitis, full range of motion, positive resisted extension of wrist for lateral epicondylitis and slightly positive resisted flexion of the wrist for medial epicondylitis. Treatment to date has included diagnostic studies, rest, anti-inflammatory medications, physical therapy, acupuncture, cortisone injection, and periodic follow up visits. Documentation (7-27-2015) noted that the cortisone injection gave the injured worker temporary relief but have not solved her problems. Right arm exam (7-27-2015) revealed lateral epicondyle tenderness, with full range of motion and stability. As of 06-26-2015, the injured worker's work status was modified duty. The treating physician reported (7-27-2015) that given the injured worker's persistent right elbow symptomology, failure to improve, findings

on exam and MRI scan the treating physician prescribed services for open repair for chronic lateral epicondylitis including repair of the dorsal partial extensor tendon tear, on the right. The original utilization review determination (08-17-2015) denied the request for open repair for chronic lateral epicondylitis including repair of the dorsal partial extensor tendon tear, on the right.

IMR ISSUES, DECISIONS AND RATIONALES

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

Open Repair for Chronic Lateral Epicondylitis including Repair of The Dorsal Partial Extensor Tendon Tear, on The Right: Upheld

Claims Administrator guideline: Decision based on MTUS Elbow Complaints 2007.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Elbow section, Surgery for epicondylitis.

Decision rationale: 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, there is insufficient evidence of failure of conservative care of 12 months to warrant a lateral epicondylar release. Therefore, determination is not medically necessary.