

<b>Case Number:</b>	CM15-0024333		
<b>Date Assigned:</b>	02/13/2015	<b>Date of Injury:</b>	07/20/2012
<b>Decision Date:</b>	04/14/2015	<b>UR Denial Date:</b>	01/15/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/09/2015

### 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

Certification(s)/Specialty: Orthopedic Surgery, Sports Medicine

### 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 49-year-old male who reported an injury on 07/08/2013. The mechanism of injury was not stated. The current diagnoses include bilateral ganglion cyst, bilateral carpal tunnel syndrome, and right sided epicondylitis. The injured worker presented on 11/21/2014 for a follow-up evaluation. The injured worker reported bilateral hand numbness. It is noted that the injured worker was utilizing Lyrica. There was no physical examination provided for review. It was noted that the injured worker was pending authorization for a left elbow surgery. Recommendations included proceeding with the surgery to the left elbow. A Request for Authorization form was submitted on 01/13/2015.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Left lateral epicondylar denervation by excision of posterior branches of the subcutaneous nerve, implantation of the posterior branches into deep muscle and possible detachment of ECRB from insertion site if indicated:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 35-36. Decision based on Non-MTUS Citation Hand (NY) Jun 2011; 6(2): 174-178.

**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 limitation of activity for more than 3 months, failure to improve with exercise programs, and clear clinical and electrophysiologic or imaging evidence of a lesion. Surgery for lateral epicondylitis is currently under debate. It is unclear whether lateral epicondylitis is an inflammatory condition or an enthesopathy and what treatments are most appropriate. Conservative care should be maintained for a minimum of 3 to 6 months. For those patients who failed to improve after a minimum of 6 months of care that includes at least 3 to 4 different types of conservative treatment, surgery may be a consideration. In this case, there was no documentation of a physical examination of the left elbow. There was no evidence of a significant musculoskeletal or neurological deficit. There no mention of an exhaustion of conservative treatment for at least 6 months. Given the above, the request is not medically appropriate at this time.

**Associated Surgical Service: Long arm splint (placed on intraoperatively):** 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.

**Keflex 500mg Qty 12:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines-Treatment in Workers' Compensation (ODG-TWC) Infectious Diseases Procedure Summary, Mosby's Drug Consult.

**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.

**Norco 10/325mg Qty 40:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids.

**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.

**8 Post-Op Therapy Sessions (2 times a week for 4 weeks): 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.