

<b>Case Number:</b>	CM15-0026713		
<b>Date Assigned:</b>	02/19/2015	<b>Date of Injury:</b>	10/11/2012
<b>Decision Date:</b>	04/03/2015	<b>UR Denial Date:</b>	01/23/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/12/2015

### 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: Illinois, California, Texas  
 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 44-year-old female injured worker suffered an industrial injury on 10/11/12, due to repetitive lifting and keyboarding. The 7/10/14 right elbow MRI impression documented common extensor tendon degeneration and focal dorsomedial soft tissue edema adjacent to the distal triceps insertion. The 12/15/14 treating physician report indicated the patient had initiated physical therapy on 11/28/14 for 12 visits. She reported some slight improvement with physical therapy. Physical exam documented 4/4 right lateral epicondyle and right superior shoulder tenderness. Continued pain medications were reported. Records indicated that the patient completed 5 physical therapy with treatment to the right shoulder, elbow and wrist as of 12/17/14. The 1/13/15 treating physician report cited temporary relief of the injured worker's right elbow pain following a corticosteroid injection. She reported continued lateral right elbow pain aggravated by gripping, and intermittent numbness in the right ring and small fingers for approximately 2 weeks. Physical exam documented elbow range of motion 0-130 degrees with full supination and pronation. Tinel's was positive over the ulnar nerve behind the medial epicondyle. The diagnoses included right shoulder impingement and acromioclavicular joint arthrosis, lateral right elbow tendinitis, and ulnar neuropathy right elbow. The treatment plan recommended right lateral elbow fasciectomy and ostectomy. The utilization review determination on 1/23/2015 non-certified the requests for Lateral Fasciectomy and Ostectomy of the right elbow, pre-operative electrocardiogram, pre-operative laboratory exam (complete blood count, comprehensive metabolic panel), and 12 sessions of post-operative physical therapy. The California MTUS and Official Disability Guidelines were cited. The rationale indicated that

surgery was not medically necessary as there was relief with conservative treatment documented in the clinical information.

## **IMR ISSUES, DECISIONS AND RATIONALES**

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

### **1 Lateral Fasciectomy and Ostectomy of the right elbow: 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), Treatment Workers' Compensation, online chapter Elbow.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 35-36.

**Decision rationale:** The California MTUS updated ACOEM elbow guidelines state that surgery for lateral epicondylalgia should only be a consideration for those patients who fail to improve after a minimum of 6 months of care that includes at least 3-4 different types of conservative treatment. However, there are unusual circumstances in which, after 3 months of failed conservative treatment, surgery may be considered. Guideline criteria have not been met. Detailed evidence of up to 6-months of a recent, reasonable and/or comprehensive guideline-recommended non-operative treatment protocol trial and failure has not been submitted. There is no evidence of completion of the physical therapy treatment program, or complaint use of elbow bracing. Therefore, this request is not medically necessary at this time.

### **1 Pre-operative Electrocardiogram: 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), Treatment Index, 11th Edition (web), 2014, Low Back Lumbar & Thoracic, preoperative electrocardiogram (ECG).

**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.

### **1 Pre-operative Laboratory exam (complete blood count, comprehensive metabolic panel): 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), Treatment Index, 11th Edition (web), 2014, Low Back Lumbar & Thoracic, criteria for preoperative lab testing.

**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.

**12 sessions of Post-operative Physical Therapy:** Upheld

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

**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.