

<b>Case Number:</b>	CM14-0155153		
<b>Date Assigned:</b>	09/25/2014	<b>Date of Injury:</b>	04/22/2014
<b>Decision Date:</b>	11/05/2014	<b>UR Denial Date:</b>	08/21/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/22/2014

### 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 and Hand Surgery 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 53-year-old female who reported an injury on 04/24/2014. The mechanism of injury was not stated. The current diagnosis is right lateral epicondylitis with possible right radial tunnel syndrome. The injured worker was evaluated on 08/13/2014 with complaints of right elbow pain. Previous conservative treatment is noted to include medications, physical therapy, injections, and activity modification. Physical examination revealed full right elbow range of motion, focal tenderness at the right lateral epicondyle, moderate radial tunnel tenderness, and resisted wrist extension. Treatment recommendations included a right lateral epicondyle repair.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Right lateral epicondylar repair:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Page(s): 34-36. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

**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, failure to improve with exercise programs, and clear clinical and electrophysiologic or imaging evidence of a lesion. There is currently a debate regarding whether lateral epicondylalgia is an inflammatory condition or enthesopathy and what treatments are most appropriate. Conservative care should be maintained for a minimum of 3 to 6 months. As per the documentation submitted, the injured worker's physical examination revealed full range of motion with only mild tenderness to palpation. There is no documentation of a significant functional deficit. As such, the current request cannot be determined as medically appropriate at this time. Therefore, the request is not medically necessary.