

Case Number:	CM13-0030633		
Date Assigned:	11/27/2013	Date of Injury:	11/20/2007
Decision Date:	02/04/2014	UR Denial Date:	09/06/2013
Priority:	Standard	Application Received:	09/30/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Orthopedic Surgery, has a subspecialty in Sports Medicine and is licensed to practice in California. 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 physician 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 patient is a 57-year-old female who has a cumulative injury date of 11/20/2007 with ongoing lateral elbow pain for the past 6 years. An MRI of the left elbow on 09/06/2013 noted the distal humerus, proximal radius, and ulna appear to be normal. Joint spaces were well maintained, with no fracture, no bone contusion, no subluxation or degenerative changes noted, and there were no joint effusion or loose bodies identified. The impression noted the patient has proximal common extensor tendinopathy with interstitial tear. There are no surface or full thickness tears or retraction identified. Prior to the MRI, the patient had been seen on 08/29/2013 for elbow pain which was worse from the last time she had been seen in 06/2013. On the assessment, the patient was status post Nirschl procedure of the right elbow with continued pain, and left elbow lateral epicondylitis. The patient is now requesting a 20 mg Kenalog and 1% Lidocaine injection, and shoulder immobilizer.

IMR ISSUES, DECISIONS AND RATIONALES

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

20mg Kenalog and 1% Lidocaine Injection: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 591.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 30-33.

Decision rationale: Under California MTUS at ACOEM it states that corticosteroid injections are recommended if a noninvasive treatment strategy fails to improve the condition over a period of at least 3 to 4 weeks. According to the documentation, the patient underwent a previous injection on 03/07/2013; however, the documentation as of 06/27/2013 does not indicate the effectiveness of that injection. California MTUS/ACOEM Guidelines further state that in the long-term, steroid injections are less effective at providing pain relief than physical therapy or a wait and see approach. It further states that in most cases, physicians should carry out conservative measures (for example NSAIDs, orthotics, and other noninterventional measures) for 4 to 6 weeks before considering injections. Overall, California MTUS/ACOEM Guidelines do suggest that corticosteroid injections do provide the patient with at least short-term benefits, which can help the patient to further increase their functional improvement with a decrease in their discomfort. Therefore, at this time, a 20 mg Kenalog and 1% Lidocaine injection would be considered appropriate in order to help this patient increase her functional improvement and continue with her previous therapeutic exercises. As such, the requested service is certified.

Shoulder Immobilizer: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 591.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 25, and 22-23.

Decision rationale: Under California MTUS/ACOEM Guidelines it states that a sling may be helpful for severe cases of patients who have diagnosis such as biceps tendinosis, but general range of motion exercises should be prescribed to avoid contraction. While range of motion exercises should concentrate on the elbow, they should include the shoulder joint to prevent frozen shoulder (adhesive capsulitis) and the wrist as well. This is further recommended for a patient who has a contusion of the elbow, and states that range of motion exercises should primarily involve the elbow, but may also include the shoulder and wrist, particularly if a sling is prescribed. Therefore, in the case of this patient, after she has the cortisone injection in her left elbow, a shoulder immobilizer would be considered appropriate with the recommendation that she continue with range of motion exercises in order to prevent adhesion in her joints. As such, the requested service is certified.