

<b>Case Number:</b>	CM13-0030695		
<b>Date Assigned:</b>	11/27/2013	<b>Date of Injury:</b>	11/01/2012
<b>Decision Date:</b>	02/10/2014	<b>UR Denial Date:</b>	08/30/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	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 Physical Medicine and Rehabilitation 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 36-year-old male who reported injury on 11/01/2012. The mechanism of injury was stated to be that the patient was putting away a long bar of a lumen in a box, and injured his right elbow. The patient was noted to have moderate pain in the right elbow with radiation into the right upper extremity. The patient was noted to have swelling. The pain was noted to be 5 on a scale of 1 to 10. The symptoms were noted to be improved by no activity. The diagnosis was noted to be lateral epicondylitis of the right elbow. The recommendation and request was for a right elbow cortisone injection.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Right elbow cortisone injection per 8/23/2013 request, QTY: 1.00:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007). Decision based on Non-MTUS Citation ODG Treatment, Integrated Treatment/Disability Duration Guidelines, Elbow (Acute & Chronic).

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

**Decision rationale:** The MTUS/ACOEM Guidelines recommend corticosteroid injections for subacute and chronic lateral epicondylitis and that there is good evidence that recurrence rates

are high. Quality studies are available on glucocorticoid injections and there is evidence of short-term benefit, but not long-term benefits. The guideline goes on to state that, if a noninvasive treatment strategy fails to improve the condition over a period of at least 3 to 4 weeks, glucocorticoid injections are recommended. Clinical documentation submitted for review failed to provide the patient's prior treatments. It failed to provide documentation of exceptional factors to support the necessity for the request. Given the above, the request for right elbow cortisone injection per 8/23/2013 request, QTY: 1.00 is not medically necessary.