MAXIMUS Federal Services

Case Number:	CM13-0040968		
Date Assigned:	12/20/2013	Date of Injury:	06/21/2003
Decision Date:	03/06/2014	UR Denial Date:	10/15/2013
Priority:	Standard	Application Received:	10/29/2013

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 Occupational 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 has filed a claim for elbow medial and lateral epicondylitis reportedly associated with an industrial injury of June 21, 2003. Thus far, the patient has been treated with the following: Analgesic medications; attorney representations; transfer of care to and from various providers in various specialties; prior failed cubital tunnel release surgeries; and extensive periods of time off of work, on total temporary disability. In a Utilization Review Report of October 15, 2013, the claims administrator approved a request for oral diclofenac, denied a request for lidocaine-Kenalog ultrasound-guided injection, and denied a request for an elbow fasciectomy. The patient's attorney subsequently appealed. In a progress note of October 1, 2013, the patient presents with persistent elbow pain "cramping" down the arm. The patient exhibits tenderness over the medial epicondyle as well as the lateral epicondyle with a positive Tinel sign noted. Left elbow fasciectomy is endorsed. The patient is given elbow corticosteroid injection in the clinic setting. Permanent work restrictions, Voltaren, and tramadol extended release are endorsed.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 injection of Lidocaine 3cc and Kenalog w/ultrasound guided technique: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 18.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007).

Decision rationale: While the MTUS-adopted ACOEM Guidelines in Chapter 10 do support glucocorticosteroid injections as "moderately recommended" in those individuals with lateral epicondylitis which has proven recalcitrant to conservative measures, however, the MTUS does not specifically address the topic of ultrasound guidance for said injections. As noted in the Third Edition ACOEM Guidelines, there is no evidence which will conclusively suggest that ultrasound-guided corticosteroid injections result in superior results. Thus, since the ultrasound-guided portion of the injection request cannot be supported, the entire request is not certified as the Independent Medical Review process does not permit partial certifications or conditional certifications. Accordingly, the request is retrospectively not certified.

1 left elbow fasciectomy: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 25. Decision based on Non-MTUS Citation Official Disability Guidelines, Elbow (Acute & Chronic).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 44-45.

Decision rationale: As noted in the MTUS-adopted ACOEM Guidelines in Chapter 10, surgery for lateral epicondylitis should be a consideration for those applicants who fail to improve after a minimal of six months of care. In this case, the applicant has, indeed, tried, failed, and exhausted operative and nonoperative remedies. Significant symptoms associated with both medial and lateral epicondylitis seemingly persist. Given the failure of conservative remedies, operative treatment does appear to be indicated and is supported by ACOEM. Accordingly, the original Utilization Review decision is overturned. The request is certified, on Independent Medical Review.