

Case Number:	CM13-0041229		
Date Assigned:	12/20/2013	Date of Injury:	06/04/2010
Decision Date:	02/12/2014	UR Denial Date:	10/10/2013
Priority:	Standard	Application Received:	10/10/2013

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, has a subspecialty in Pain 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 injured worker is a 32 year old male with a date of injury of 6/4/2010. The patient has tried analgesic medication, prior elbow steroid injection, adjuvant medications, physical therapy. There has been an electrodiagnostic study which indicates that the patient has right C5 radiculitis. The panel QME on July 31st, 2013 indicates the patient has pain in the medial and lateral right elbow with radiation of numbness into the 4th and 5th digits, and the patient had a previous diagnosis of cubital tunnel syndrome. In the "Summary" section of this note, there is a statement that the patient is a candidate for steroid injection of the elbow. Another panel QME on 10/26/2013 documented right elbow enthesopathy and cubital tunnel syndrome. There is a synopsis of a prior right elbow MRI on 3/23/11 which showed "minimal increased signal of the ulnar nerve at the level of the cubital tunnel but no evidence of significant mass effect or ulnar nerve laceration or tear." A recent progress note on date of service 11/19/13 documents persistent pain in the neck, right shoulder, right elbow, and right wrist. Some parts of the note are difficult to decipher due to the handwriting. A utilization review denied the request for right elbow steroid injection specifying that the only approved indications are ulnar neuritis and lateral epicondylitis, and there is no clear documentation of either of these diagnoses.

IMR ISSUES, DECISIONS AND RATIONALES

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

Steroid injection for the right elbow: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Code of Regulations section 9792.23.3(a); American College of Occupational and Environmental Med.

Decision rationale: In the case of this injured worker, there are diagnoses of right shoulder impingement, cervical radiculopathy, cervical degenerative disc disease, and elbow pain. The panel QME on July 31st, 2013 indicates the patient has pain in the medial and lateral right elbow with radiation of numbness into the 4th and 5th digits, and the patient had a previous diagnosis of cubital tunnel syndrome. In the "Summary" section of this note, there is a statement that the patient is a candidate for steroid injection of the elbow. However, given the diagnosis of ulnar neuropathy at the elbow/cubital tunnel syndrome, steroid injections are not indicated per the latest ACOEM guidelines.