

Case Number:	CM13-0050778		
Date Assigned:	01/15/2014	Date of Injury:	10/21/2005
Decision Date:	05/22/2014	UR Denial Date:	10/30/2013
Priority:	Standard	Application Received:	11/14/2013

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 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 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 patient is a 47 year old female with industrial injury 12/21/05. The exam note 7/1/13 demonstrates report of constant severe left wrist, hand, elbow and shoulder pain. The exam demonstrates range of motion of the left wrist and left shoulder demonstrates tenderness. No evidence of left elbow examination in medical records submitted. There was no submitted documentation of conservative treatment for left elbow. The request is made for left elbow corticosteroid injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

CORTISONE INJECTION FOR THE LEFT ELBOW: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 594.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 594.

Decision rationale: The California MTUS/ACOEM guidelines recommend corticosteroid injection for lateral epicondylitis which does not improve with non-invasive treatment of at least 3-4 weeks. In this case there is insufficient evidence of non-invasive treatment being performed and no objective findings in the record of elbow pathology to warrant a corticosteroid injection. Therefore the determination is for non-certification.