

<b>Case Number:</b>	CM13-0056748		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	12/15/1997
<b>Decision Date:</b>	08/15/2014	<b>UR Denial Date:</b>	11/12/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/22/2013

### 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 Physical Medicine & Rehab, has a subspecialty in Interventional Spine 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:

This patient is a 54-year-old male with date of injury 12/15/1997. Per treating physician's report 10/18/2013, patient presents with increased pain level since last visit, but no new injuries and has not tried other therapies for pain relief. Quality of life remains the same, activity level is same, taking medications as prescribed, and the medications are working well. List of medications includes lidocaine 3%, oxycodone, lisinopril, hydrochlorothiazide. X-rays of the right elbow from 2007 was normal. Bone scan from 2008 showed focal increased activity within the right radiocarpal joint, increased activity at the base of both right and left 1st metacarpal. MRI of the right elbow 2008 showed lateral epicondylitis with question of scar tissue. EMG from 2008 showed bilateral carpal tunnel syndrome. Previous injection procedures were documented from 2008 with varying degrees of relief from 75 to 100% lasting 3 months. Listed diagnoses are carpal tunnel syndrome, elbow pain, right lateral epicondylitis, right wrist pain, TFCC tear status post debridement, and mood disorder. Right elbow and wrist injections were recommended, "Patient notes that past injections have been helpful to decrease the pain significantly."

### IMR ISSUES, DECISIONS AND RATIONALES

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

**RIGHT ELBOW & RIGHT WRIST INJECTIONS:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 1 Prevention Page(s): 10.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) ODG guidelines on shoulder steroid injection.

**Decision rationale:** This patient presents with listed diagnoses of carpal tunnel syndrome, epicondylitis. The current request is for right elbow and wrist injections. However, review of the report does not explain exactly where the injection is to go, whether it is going to go to the lateral epicondyle or elsewhere, and wrist injection location is not defined either. The treater also does not explain for what diagnosis the injections are to be provided. The patient's report does not describe where exactly the patient is having pain trouble, and although the progress report documents prior injections, they are from 2008, a number of years ago. Examination does reveal that there is tenderness over the lateral epicondyle and wrist nodules noted over the ulnar side are tender to touch. While MTUS Guidelines do not specifically discuss injection, ODG Guidelines do provide support for various localized injections to address tendonitis as other problem. In this case, the patient clearly presents with chronic elbow pain with a diagnosis of lateral epicondylitis. Examination shows tenderness to touch and the patient reports increased symptoms recently. Examination of the wrist also showed ulnar aspect node and tender spot. These 2 injections can be very well injected and the ODG Guidelines do support localized injections for this type of condition. Therefore, the request is medically necessary.