

Case Number:	CM13-0059660		
Date Assigned:	12/30/2013	Date of Injury:	02/27/1998
Decision Date:	04/04/2014	UR Denial Date:	11/11/2013
Priority:	Standard	Application Received:	12/02/2013

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 Anesthesiology, and Pain Management and is licensed to practice in Florida. 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 66-year-old female who reported an injury on 02/27/1998. The mechanism of injury was not provided. The patient's diagnosis was noted to include medial epicondylitis of the elbow. The patient was noted to undergo 4 prior cortisone injections which decreased the elbow pain from 80% to 90%. There was a letter submitted for appeal from the patient that indicated that the injections lasted at least 6 months and the relief that was received was 100% for swelling and pain. The relief was that the patient could begin to do more things in daily activities including natural body hygiene. Additionally, the patient indicated that on follow-ups after injections she reported 100% success for the problem.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 left elbow medial epicondyle injection: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Elbow Disorders Chapter (ACOEM Practice Guidelines, 2nd Edition (Revised 2007), Chapter 10) pg. 25.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 26.

Decision rationale: The ACOEM Guidelines indicate corticosteroid injections are recommended if a noninvasive treatment strategy fails to improve the condition over a period of at least 3 to 4 weeks. The clinical documentation submitted for review indicated the patient had 4 prior injections. The patient indicated the injections lasted 6 months and the patient got 100% relief of swelling and pain and relief from the inability to use her left arm. The patient indicated it helped with reoccurring depression as the patient could do more activities including normal body hygiene. The request for 1 left elbow medial epicondyle injection is medically necessary and appropriate.