

<b>Case Number:</b>	CM13-0064348		
<b>Date Assigned:</b>	01/03/2014	<b>Date of Injury:</b>	10/27/2009
<b>Decision Date:</b>	05/07/2014	<b>UR Denial Date:</b>	11/25/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/11/2013

### 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 Internal Medicine & Emergency Medicine 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 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 35 year-old with a date of injury of 10/27/08. A progress report associated with the request for services, dated 11/08/13, was handwritten and difficult to read. It identified subjective complaints of right elbow pain. Objective findings included tenderness of the elbow. Diagnoses appeared to include right epicondylitis. Treatment has included previous cubital tunnel release. She had two previous injections in 2012. A Utilization Review determination was rendered on 11/25/13 recommending non-certification of "ultrasound-guided right elbow lateral epicondyle injection".

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### ULTRASOUND-GUIDED RIGHT ELBOW LATERAL EPICONDYLE INJECTION:

Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 22, 41, 46.

**Decision rationale:** The Medical Treatment Utilization Schedule (MTUS) states that 10 studies on corticosteroid injections for lateral epicondylalgia have been reviewed and evidence

consistently demonstrates that steroid injections in the vicinity of the lateral epicondyle produce short-term pain relief more effectively than do either physical therapy or a "wait and see" approach. It is less effective for long-term relief. The lateral epicondyle is easily identified on physical examination and studies show that injection in the area is sufficient for positive outcomes. There is no documentation in the record for the medical necessity of ultrasound use for the injection in this case.