

<b>Case Number:</b>	CM13-0066743		
<b>Date Assigned:</b>	01/03/2014	<b>Date of Injury:</b>	02/12/2011
<b>Decision Date:</b>	06/04/2014	<b>UR Denial Date:</b>	12/12/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/17/2013

### 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 and Rehabilitation, 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 46 year old male who was injured on 02/12/2011 while working as a transit fare inspector in which he was required to repetitively grip and pull as well as maintain his balance while riding vehicles during the vehicles' operation. Follow-up evaluation dated 12/03/2013 states the patient has bilateral elbow pain at 6/10 in severity. He has minimal relief with Lidocaine or Voltaren topical gels. He describes the pain as being 4/10 in severity with the use of Vicodin and Norco. The patient also used Oxycodone 10 mg three tablets twice a day in which he achieved pain decreasing to 2/10 in severity. He has a wrist support which he uses at night and elbow strap is helpful during the day. He is having difficulty with tolerating full duty status with repetitive activity at work. On exam, hyperesthesia with dermatographia is noted over the right lateral arm, elbow and forearm along the radial cutaneous nerve distribution. He is moderately tender over the bilateral lateral and medial, epicondyles with positive Cozen's sign. His diagnosis is right more than left lateral and medial epicondylitis, right more than left forearm spasticity, and right radial neuritis. The plan is prolotherapy injections will be requested as the patient states that he is having persistent pain despite all considerable abnormalities, all conservative attempts to alleviate his pain. He is poorly tolerating the opioid use. He will continue with the other orthotics as needed. He continues to work at full duty status; however, because of repetitive nature of this job, he does not feel like he is actually healing. Trigger point injections were provided today over the right lateral arm and forearm.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**6 PROLOTHERAPY LIGAMENT STRENGTHENING INJECTIONS, BILATERAL ELBOWS QTY:6.00: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Elbow, Prolotherapy.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Elbow, Wrist, And Forearm, Prolotherapy.

**Decision rationale:** The ODG recommend single injection as an option for short-term pain relief in cases of severe pain from epicondylitis. Outcomes are no better than corticosteroid injection, which is weakly recommended, and exercise should be the first line of treatment in acute cases, but injections combined with work modification may have some short-term benefit. There has been limited evidence, although promising. The medical records document hyperesthesia with dermatographia is noted over the right lateral arm, elbow and forearm along the radial cutaneous nerve distribution. He is moderately tender over the bilateral lateral and medial, epicondyles with positive Cozen's sign. The patient continues to work full time. Although prolotherapy may be an option based on guideline criteria, performance of 6 injections would not be supported, particularly without documentation of response to the initial injection. Based on the ODG guidelines and criteria as well as the clinical documentation stated above, the request is not medically necessary.