

Case Number:	CM14-0004080		
Date Assigned:	01/31/2014	Date of Injury:	10/04/2010
Decision Date:	06/20/2014	UR Denial Date:	12/09/2013
Priority:	Standard	Application Received:	01/09/2014

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 claimant is a 44-year-old female with a 10/4/10 date of injury. There is documentation of subjective (feels worse with repetitive and forceful movements of the hands. Objective finding were diffusely tender over the right upper extremity and particularly for the elbow, with pain increased with supination, more so than pronation. Current diagnoses are tennis elbow, lateral epicondylitis, and elbow pain. Treatment to date includes medication and physical therapy for at least 4 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

RIGHT ELBOW INJECTION: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 22-23.

Decision rationale: MTUS/ACOEM Guidelines identifies documentation of epicondylar pain and failure of a non-invasive treatment strategy to improve the condition over a period of at least 3-4 weeks, as criteria necessary to support the medical necessity of elbow injection. Within the medical information available for review, there is documentation of diagnoses of tennis elbow,

lateral epicondylitis, and elbow pain. In addition, there is documentation of failure of a non-invasive treatment strategy to improve the condition over a period of at least 3-4 weeks. Therefore, based on guidelines and a review of the evidence, the request for right elbow injection is medically necessary and appropriate.