

<b>Case Number:</b>	CM14-0101258		
<b>Date Assigned:</b>	07/30/2014	<b>Date of Injury:</b>	04/09/2012
<b>Decision Date:</b>	10/07/2014	<b>UR Denial Date:</b>	06/11/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/01/2014

### 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 & 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:

This is a 67 year old female with a 4/9/12 injury date. The mechanism of injury is not provided. The records are handwritten and difficult to read. The note dated 3/6/14 states that the patient is working regular duty. In a follow-up on 5/29/14, the patient reports one week of relief after celestone injection to the right elbow, and ongoing right elbow pain. Objective findings included tenderness to palpation over the medical epicondyle and negative Tinel's sign of the ulnar nerve at the elbow. Diagnostic impression: right medial epicondylitis. Treatment to date: occupational therapy, celestone injection to right elbow. A UR decision on 6/5/14 denied the request for right elbow cortisone injection on the basis that there is insufficient clinical information such as prior conservative treatment methods and imaging studies.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Right elbow cortisone injection.:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 600. Decision based on Non-MTUS Citation Official Disability Guidelines Elbow Chapter.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 33-40;. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Elbow Chapter.

**Decision rationale:** This is a 67 year old female with a 4/9/12 injury date. The mechanism of injury is not provided. The records are handwritten and difficult to read. The note dated 3/6/14 states that the patient is working regular duty. In a follow-up on 5/29/14, the patient reports one week of relief after celestone injection to the right elbow, and ongoing right elbow pain. Objective findings included tenderness to palpation over the medial epicondyle and negative Tinel's sign of the ulnar nerve at the elbow. Diagnostic impression: right medial epicondylitis. Treatment to date: occupational therapy, celestone injection to right elbow. A UR decision on 6/5/14 denied the request for right elbow cortisone injection on the basis that there is insufficient clinical information such as prior conservative treatment methods and imaging studies.