

Case Number:	CM14-0106026		
Date Assigned:	07/30/2014	Date of Injury:	12/31/2011
Decision Date:	10/08/2014	UR Denial Date:	06/10/2014
Priority:	Standard	Application Received:	07/09/2014

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 Occupational Medicine 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 48-year-old female with a 12/31/11 date of injury. The mechanism of injury was a fall at work where the patient landed on both knees. According to a progress report dated 7/14/14, the patient complained of pain in right elbow and right shoulder, which was worse with repetitive movements of the arm. She has had 2 steroid injections in the right elbow, which worked for 3-6 months. Her last injection was in 5/2013. Objective findings: erythema elbow joint, tender lateral epicondyle, full right elbow ROM, no other abnormal findings. Diagnostic impression: left knee joint pain, osteoarthritis of left knee, right lateral epicondylitis, right shoulder muscle strain. Treatment to date: medication management, activity modification, physical therapy, steroid injections in right elbow. A UR decision dated 6/10/14 denied the request for Steroid Injection for Right Elbow. The documentation submitted for review indicated the patient had undergone 2 previous steroid injections to the right elbow. There was no objective documentation submitted following the previous injections.

IMR ISSUES, DECISIONS AND RATIONALES

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

Steroid Injection for Right Elbow: Upheld

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

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

Decision rationale: CA MTUS states that there is good evidence that Glucocorticoid Injections reduce lateral epicondylar pain. However, there is also good evidence that the recurrence rates are high. Official Disability Guidelines recommends a single injection as a possibility for short-term pain relief in cases of severe pain from epicondylitis; but beneficial effects persist only for a short time, and the long-term outcome could be poor. Corticosteroid injection does not provide any long-term clinically significant improvement in the outcome of epicondylitis, and rehabilitation should be the first line of treatment in acute cases. It is noted that the patient has had 2 prior steroid injections for her right elbow. However, guidelines do not support multiple steroid injections. There is no documentation of significant pain relief or functional improvement from her previous injections. In addition, it is noted that the patient has been undergoing physical therapy; however, the outcomes from therapy were not provided for review. Therefore, the request for Steroid Injection for Right Elbow was not medically necessary.