

<b>Case Number:</b>	CM14-0010142		
<b>Date Assigned:</b>	02/21/2014	<b>Date of Injury:</b>	09/05/2007
<b>Decision Date:</b>	06/25/2014	<b>UR Denial Date:</b>	01/09/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/24/2014

### 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 Internal Medicine and is licensed to practice in Texas. 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 injured worker is a 63 year old male whose date of injury is 09/05/2007. The mechanism of injury is described as cumulative trauma. The injured worker is status post carpal tunnel release in 2005. Qualified Medical Examination dated 09/05/13 indicates that treatment to date includes Mumford procedure on 01/22/09, physical therapy, bracing, diagnostic testing, removal of spurs in the subacromial space in 11/2009, biceps tenodesis on 10/28/10, epidural steroid injection on 01/03/11, trigger point injections in 10/2012, left elbow injection. Assessment notes discogenic cervical condition, impingement syndrome of the right shoulder, medial epicondylitis on the right, carpal tunnel syndrome bilaterally, and significant headaches. Request for authorization dated 12/19/13 indicates the injured is having quite a bit of pain along the right elbow. He received a trigger injection along the medial epicondyle.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**CORTISONE INJECTION, RIGHT ELBOW:** 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 Chapter, Injections (corticosteroid).

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

**Decision rationale:** Based on the clinical information provided, the request for cortisone injection right elbow is not recommended as medically necessary. The injured worker's objective functional response to the most recent elbow injection is not documented to establish efficacy of treatment. The Official Disability Guidelines note that cortisone injections are not recommended as a routine intervention for epicondylitis. There is no current, detailed physical examination submitted for review.