

Case Number:	CM14-0014309		
Date Assigned:	02/26/2014	Date of Injury:	12/29/2010
Decision Date:	06/27/2014	UR Denial Date:	01/30/2014
Priority:	Standard	Application Received:	02/04/2014

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:

According to the records made available for review, this is a 44-year-old female with a 12/29/10 date of injury. At the time (9/3/13) of request for authorization for repeat injections lateral epicondyle, there is documentation of subjective (left elbow pain) and objective (tenderness in the left extensor origin just distal to the lateral epicondyle) findings, current diagnosis (left lateral epicondylitis), and treatment to date (bracing, corticosteroid injection, and medications). There is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services with previous epicondyle injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

REPEAT INJECTIONS LATERAL EPICONDYLE: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: ACOEM, ELBOW DISORDERS, 590-600

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

Decision rationale: MTUS reference to 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. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services with previous injection/s to the lateral epicondyle. Within the medical information available for review, there is documentation of a diagnosis of left lateral epicondylitis. In addition, there is documentation of a previous injection to the lateral epicondyle. However, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services with previous injection to the lateral epicondyle. Therefore, based on guidelines and a review of the evidence, the request for repeat injections lateral epicondyle is not medically necessary.