

Case Number:	CM14-0014365		
Date Assigned:	02/26/2014	Date of Injury:	10/30/2012
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 Orthopedic Surgeon 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 44-year-old female who reported an injury on 10/30/2012. The mechanism of injury was not provided in the documentation. Per the electrodiagnostic reported dated 11/13/2013, the injured worker reported right hand pain radiating to the right elbow with associated symptoms of right hand numbness, tingling, and weakness. Symptoms were aggravated by grasping, gripping, and repetitive motion. On physical examination, there was no cervical paraspinal muscle tenderness noted, normal range of motion of the cervical spine was noted, and the injured worker had a positive Apley's test to the right shoulder. Motor strength, sensation and reflexes were intact and normal. The EMG/NCV studies of the cervical spine and upper extremities were both normal. The injured worker had diagnoses including sprain of unspecified site of hand, pain in joint involving forearm, and disturbance of skin sensation. The request for authorization for medical treatment for the "injection into the right lateral epicondyle" and the provider's rationale for the request were not provided within the documentation. There was no documentation of other conservative treatments or medications that had been utilized prior to this request.

IMR ISSUES, DECISIONS AND RATIONALES

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

INJECTION INTO THE RIGHT LATERAL EPICONDYLITIS: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 30-33.

Decision rationale: Per CA MTUS/ACOEM Guidelines, an epicondyle injection is moderately recommended. Evidence consistently demonstrates that steroid injections to the vicinity of the lateral epicondyle produce short-term pain relief more effectively than physical therapy or a wait-and-see approach. However, in the long-term, steroid injections are less effective in providing pain relief. In most cases, physicians should carry out conservative measures for 4 to 6 weeks before considering injections. There is support for utilizing corticosteroid injections in select cases to help decrease overall pain problems during the natural recovery or improvement phase. If noninvasive treatment fails to improve the condition over a period of at least 3 to 4 weeks, injections are recommended. Per the documentation the injured worker reported right hand pain radiating to the right elbow with associated symptoms of right hand numbness, tingling, and weakness aggravated by grasping, gripping, and repetitive motion; however, the EMG/NCV (Electromyography/Nerve Conduction Velocity) studies of the cervical spine and upper extremities were both normal. There was a lack of documentation indicating what conservative treatments the injured worker previously tried as well as the efficacy of those treatments. Therefore, the request for an injection into the right lateral epicondyle is not medically necessary and appropriate.