

Case Number:	CM14-0014980		
Date Assigned:	02/28/2014	Date of Injury:	07/02/2008
Decision Date:	06/27/2014	UR Denial Date:	01/13/2014
Priority:	Standard	Application Received:	02/06/2014

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 Surgery, 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:

The patient is a 37 year old male who was injured on 07/02/2008. He was in the break room with his co-workers and was involved in an altercation with a co-worker who grabbed the patient's legs out from under him. He fell back and struck the back of his head on a chair and struck his left shoulder on the ground. Prior treatment history has included acupuncture, chiropractic and physical therapy treatments, elbow surgery in 2010 and shoulder surgery in 2010. He has had spinal cord stimulator and removal as well as medications. A progress note dated 12/12/2013 documented the patient with complaints of pain in the neck, upper back, left arm and left shoulder and leg. The pain is aching, sharp and shooting. The pain radiates to the left shoulder and left hand. Patient says at its worse his pain is 10/10 and at its least 6/10, on an average about 6/10 and right now 7/10. The pain is made worse by increased activity whereas it gets better by taking medications and resting. His current medications consist of the following Seroquel 100 mg, Lunesta 3 mg, Dexilant 30 mg, Cymbalta 60 mg, Imitrex 100 mg, Lyrica 100 mg, and Oxycodone 15 mg. A neurologist placed him on two additional medications for headache pain which has helped. Previous medications include Nucynta, Risperdal, Zolof, Hydrocodone, Axert, Gabapentin, and Soma. Objective findings on examination reveal still with left arm contracture with hyper rami of the left forearm and hand. A UR report dated 01/13/2014 did not authorize the request for injection to the left medial elbow with Kenalog.

IMR ISSUES, DECISIONS AND RATIONALES

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

LEFT MEDIAL ELBOW SCAR INJECTION WITH KENALOG: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: ACOEM, CHAPTER 3, 48

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

Decision rationale: According the Official Disability Guidelines, steroid injections to the elbow is not recommended as a routine intervention for epicondylitis. Based on the documented physical examination findings, this patient does not have adhesive capsulitis. According to the 1/20/14 medical report, the patient's examination findings of the left elbow are reported to include a non-tender well healed scar at the cubital tunnel. The size of the scar is not described, and the medical records do not document the existence of a significant scar that is painful, contracted, impacting or impeding motion of the joint. The medical records do not establish this type of injection is likely to improve or positively impact the patient's functional status. As such, the request is not medically necessary and appropriate.