

Case Number:	CM14-0017258		
Date Assigned:	04/30/2014	Date of Injury:	04/07/2011
Decision Date:	07/08/2014	UR Denial Date:	02/01/2014
Priority:	Standard	Application Received:	02/11/2014

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 and Rehabilitation, has a subspecialty in Sports 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 32-year-old who reported an injury on April 7, 2011. The mechanism of injury was not provided in the clinical documentation. The diagnoses for the injured worker include right shoulder impingement syndrome, left carpal tunnel syndrome, and right lateral epicondylitis. Per the clinical note dated December 14, 2013 the injured worker reported constant aching in bilateral elbows with decreased strength and cramping to the right elbow. The injured worker also reports constant aching pain to bilateral hands and wrists which he rated at 6/10 on the pain scale. Due to the pain in the upper extremities the injured worker reported some difficulty with performing activities of daily living and difficulty sleeping. Range of motion to bilateral elbows was in the normal range, deep tendon reflexes are 2+, and sensation to light touch and pinprick are intact. There was no swelling, discoloration or atrophy noted to the right elbow. There was no instability to valgus or varus stress, no pain or weakness with resisted volar flexion and dorsiflexion of the elbow. Tinel's sign was negative and the injured worker had full range of motion to the right elbow. The request for authorization for medical treatment was dated January 11, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

RIGHT ELBOW STEROID INJECTION WITH LIDO AND DEPO: 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: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 33-40.

Decision rationale: The Elbow Disorders Chapter of the ACOEM Practice Guidelines states that if a non-invasive treatment strategy fails to improve the condition over a period of at least three to four weeks, glucocorticoid injections are recommended. According to the Official Disability Guidelines corticosteroid injections are not recommended as a routine intervention for epicondylitis, based on recent research. In the past a single injection was suggested 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. The significant short-term benefits of corticosteroid injection are paradoxically reversed after six weeks, with high recurrence rates. 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. There was a lack of documentation regarding any physical therapy or other conservative treatments beyond pain medications. In addition, there was a lack of recent physical exam findings to support a diagnosis of lateral epicondylitis. The request for right elbow steroid injection with lido and depo is not medically necessary or appropriate.