

Case Number:	CM14-0130725		
Date Assigned:	09/22/2014	Date of Injury:	07/01/2011
Decision Date:	10/21/2014	UR Denial Date:	08/01/2014
Priority:	Standard	Application Received:	08/15/2014

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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Tennessee. 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:

This is a 58 year old male with a 7/1/11 injury date. The mechanism of injury was not provided. He has remained off work since 8/13/12. In a 7/1/14 follow-up, subjective findings include left elbow pain, numbness in the 4th and 5th digits, and burning and swelling on the medial and lateral sides of the elbow. Objective findings included moderate left elbow swelling, painful range of motion, active extension to 5 degrees, active flexion to 114 degrees, and tenderness over the lateral elbow, lateral epicondyle, medial elbow, and posterior elbow, and positive Cozen's sign. Diagnostic impression: left elbow epicondylitis. Treatment to date: physical therapy, medications, left ulnar nerve transposition. A UR decision on 8/1/14 denied the request for left elbow cortisone injection on the basis that ODG does not recommend this modality as a routine treatment for epicondylitis.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cortisone Injection Left Elbow Quantity Two Times: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines Elbow Chapter

MAXIMUS guideline: Decision based on MTUS ACOEM Page(s): 33-40. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Elbow Chapter

Decision rationale: CA MTUS states that there is good evidence that glucocorticoid injections reduce lateral epicondylar pain. However, there is also good evidence that the recurrence rates are high. ODG recommends a single injection as a possibility for short-term pain relief in cases of severe pain from epicondylitis. Quality studies are available on glucocorticoid injections and there is evidence of short-term benefits, but not long-term benefits. This option is invasive, but is low cost and has few side effects. Thus, if a non-invasive treatment strategy fails to improve the condition over a period of at least 3-4 weeks, glucocorticoid injections are recommended. In the present case, the patient has tried physical therapy and medications without significant relief of symptoms, and has not yet had a lateral epicondylar steroid injection. An injection would be the next logical step in conservative treatment, and ODG appears to support this. However, repeat injections are not supported as they are not effective in the long-term, and the current request is for 2 injections. The medical necessity of 2 injections is not supported. Therefore, the request for Cortisone Injection Left Elbow Quantity Two Times is not medically necessary.