

Case Number:	CM14-0167195		
Date Assigned:	11/10/2014	Date of Injury:	11/12/1996
Decision Date:	12/11/2014	UR Denial Date:	10/01/2014
Priority:	Standard	Application Received:	10/09/2014

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 54-year-old female with an 11/12/96 date of injury. According to a progress report dated 9/16/14, the patient continued to have left elbow pain on the posteromedial aspect of her left elbow. The injured worker rated her left elbow pain as a 3/10. She was status post left cubital tunnel release on 11/18/13. There was a material change in her condition in that the pain was now going up the back of her left arm, following the ulnar nerve and down to the 4th and 5th fingers in the ulnar distribution. Objective findings: pain with direct palpation at right and left lateral epicondyle, pain with tenderness over posteromedial epicondyle and over the triceps insertion medially, positive Tinel's and the left cubital tunnel and decreased sensation to the ulnar nerve distribution of the hand. Diagnostic impression: left elbow pain. Treatment to date: medication management, activity modification, surgery, physical therapy. A UR decision dated 10/1/14 denied the request for left cubital tunnel injection under ultrasound guidance to left elbow. A specific rationale for denial was not provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left Cubital Tunnel Injection under Ultrasound Guidance to Left Elbow: 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): 33-40. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Elbow Chapter; Injections

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; but beneficial effects persist only for a short time, and the long-term outcome could be poor. However, in the present case, there is no documentation that the patient has failed conservative therapy to necessitate an elbow injection. In fact, the provider has requested additional physical therapy. In addition, according to the most recent report provided for review, the patient is not noted to have severe pain. She rated her pain level as 3 out of 10. Therefore, the request for Left cubital tunnel injection under ultrasound guidance to left elbow was not medically necessary.