

Case Number:	CM14-0175620		
Date Assigned:	10/28/2014	Date of Injury:	03/19/2007
Decision Date:	12/05/2014	UR Denial Date:	10/08/2014
Priority:	Standard	Application Received:	10/23/2014

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 & Rehabilitation 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 injured worker is a 47-year-old female who reported injury on 03/19/2007. The mechanism of injury was not provided. The medications were noted to include Norco 5/325 mg. The prior therapies were not provided. The surgical history included a right shoulder arthroscopy and right elbow surgery. The injured worker underwent an MRI of the right elbow on 03/08/2013 and an MRI of the left elbow on 07/16/2014. There was noted to be mild tendinosis of the common extensor tendon origin and a mild strain versus tendinitis of the triceps tendon insertion. There was mild edema and strain involving the overlying fascia of the anconeus muscle concerning for strain. It was opined there might be a small ganglion cyst along the fascia at this location. There was no acute ligamentous injury. There was a Request for Authorization submitted for review. The documentation of 09/30/2014 revealed the injured worker had more pain in the left elbow and neck. The physical examination of the left elbow revealed fullness over the lateral elbow. There was tenderness to palpation over the lateral epicondyle and extensor muscle group of the forearm. There was extension, flexion, supination, and pronation, and strength was 5/5 throughout the elbow. The injured worker had a positive Cozen's and tennis elbow maneuver. The injured worker had a stable elbow on examination. There was normal sensation. The diagnosis included lateral epicondylitis left elbow. The treatment plan included an ultrasound guided injection to the left elbow and bilateral tennis elbow straps for the bilateral elbows.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultrasound guided injection left elbow: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007). Decision based on Non-MTUS Citation ODG Elbow

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 27-30.

Decision rationale: The American College of Occupational and Environmental Medicine indicates that conservative care consists of activity modification using epicondylalgia supports and NSAIDs with standard precautions for potential side effects as initial treatment. Injections are recommended after 3 weeks to 4 weeks of conservative treatment. The clinical documentation submitted for review failed to provide documentation of conservative care that was trialed prior to the request for injection. Given the above and the lack of documentation, the request for Ultrasound guided injection left elbow is not medically necessary.