

Case Number:	CM14-0175681		
Date Assigned:	10/28/2014	Date of Injury:	03/01/2012
Decision Date:	12/05/2014	UR Denial Date:	10/03/2014
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 and Rehabilitation, has a subspecialty in Neuromuscular Medicine and is licensed to practice in Maryland. 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 61 year old female who had a work injury dated 3/1/12. The diagnoses include cervicothoracic strain with myofascial pain syndrome; right shoulder impingement syndrome, status post right shoulder surgery (06/12/2012); right medial epicondylitis. Under consideration is a request for one local steroid injection at the right medial elbow. A 9/23/14 progress note states that the patient's condition. She still has a constant tight burning and pulling pain in the posterior shoulder region extending to the right upper arm and between the shoulder blades. She still gets sharp pain with reaching, lifting, pulling, and pushing with right arm she also gets intermittent sharp pain in the right medial elbow with grasping activities making cooking difficult. Occasionally, she has difficulty sleeping, requiring Trazodone. She is using 3 Lidoderm patches per day and taking Skelaxin 800 mg twice a day. She does have a TENS unit, yet she needs replacement of electrode patches. On exam there is limited cervical active range of motion to forward flexion 50% normal, extension 25% normal, rotating to right 75% normal to left is 50% normal, lateral bending to right 25% normal, to left is 50% normal. There is tenderness over bilateral cervical paraspinal muscles, upper trapezius, and rhomboids. There is tenderness over right AC joint, subacromial space. There is tenderness over right medial epicondyle and medial forearm. Right shoulder active range of motion to forward flexion is 90 degrees, abduction 60 degrees and shoulder impingement signs positive on the right. The treatment plan includes waiting for insurance authorization for psychology sessions for cognitive and behavioral therapy to help manage chronic pain. 2. Awaiting insurance authorization for local steroid injection over the right medial epicondyle. 3. Refill prescription for lidocaine 5% patch and Skelaxin, continue Trazodone 50 mg before bedtime as needed. 4. Patient is recommended to call the vendor of the TENS unit for replacement of electrode patches. 5. Return to clinic on 10/21/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

One local steroid injection at the right medial elbow: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 23, 31-32.

Decision rationale: One local steroid injection at the right medial elbow is not medically necessary per the MTUS ACOEM Guidelines. The guidelines state that quality studies are available on glucocorticoid injections in chronic medial epicondylalgia patients and there is evidence of short-term, but not long-term benefits. This option is invasive, but is low cost and has few side effects. Thus, glucocorticoid injections are recommended by the MTU S guidelines for this condition. The ACOEM states that medial epicondylitis is treated similarly to lateral epicondylitis. The guidelines state that for lateral epicondylitis in most cases, physicians should carry out conservative measures (i.e., NSAIDs, orthotics, and other non-interventional measures) for 4-6 weeks before considering injections. The documentation does not indicate that conservative measures were carried out prior to considering steroid injections therefore the request for one local steroid injection at the right medial elbow is not medically necessary.