

Case Number:	CM14-0024162		
Date Assigned:	06/11/2014	Date of Injury:	11/29/2007
Decision Date:	07/15/2014	UR Denial Date:	02/13/2014
Priority:	Standard	Application Received:	02/26/2014

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 Internal Medicine, has a subspecialty in Rheumatology 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 46-year-old female with date of injury 11/29/07. The mechanism of injury is stated as overuse injury working as a typist. Since the date of injury, the patient has complained of bilateral elbow pain. She has been treated with corticosteroid injections to the bilateral lateral epicondyle region and physical therapy. There are no radiographic data included for review. Objective findings were tenderness to palpation of the bilateral lateral epicondyles, decreased range of motion of the bilateral elbows. Treatment plan and request: ultrasound guided left lateral epicondylar injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

ULTRASOUND GUIDED LEFT LATERAL EPICONDYLAR INJECTION: 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-TWC), Elbow Procedure Summary (last updated 05/07/2013), Corticosteroid Injections.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Corticosteroid injection, lateral epicondyle.

Decision rationale: This 46-year-old female has complained of bilateral lateral epicondylar pain since date of injury on 11/29/07. She has been treated with corticosteroid injections to the lateral epicondyles bilaterally and physical therapy. The current request is for an ultrasound guided left lateral epicondyle injection. Per the ODG guidelines cited above, corticosteroid injection of the lateral epicondyle is not recommended as a routine treatment for epicondylitis and should be used only with caution. On the basis of the ODG guidelines and the lack of medical evidence supporting repetitive corticosteroid injections for the treatment of lateral epicondylitis, ultrasound guided left lateral epicondyle injection is not indicated as medically necessary.