

<b>Case Number:</b>	CM14-0028761		
<b>Date Assigned:</b>	06/20/2014	<b>Date of Injury:</b>	03/20/2013
<b>Decision Date:</b>	07/28/2014	<b>UR Denial Date:</b>	02/19/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/06/2014

### 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 and is licensed to practice in Nevada. 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 41-year-old male who was reportedly injured on 3/20/2013. The mechanism of injury was noted as a hyperextension injury of the right elbow while bringing a ladder down off a truck rack. The most recent progress note dated 2/6/2014, indicates, that there were ongoing complaints of right elbow pain. Physical examination of the right elbow demonstrated 10-130A flexion-extension arc and symmetrical supination and pronation of the forearms and 3/5 motor strength of right elbow flexion/extension. Further motor strength testing was limited by pain. No gross varus-valgus laxity with extension or at 30 of flexion. There is tenderness to the lateral epicondyle. There is pain with resistant elbow and wrist flexion. Negative Tinel's for cubital tunnel. Sensation intact to light touch. Two + radial pulse. MRI of the right elbow, performed 6/1/2013, showed findings consistent with mild lateral epicondylitis. Plain radiographs of the right elbow, dated 2/6/2014, were normal. Previous treatment included over 20 sessions of physical therapy and included E-Stim, infrared heat therapy, ultrasound and cryotherapy, home exercises/stretchers, one steroid injection, elbow bracing and naproxen. A request had been made for the right elbow steroid injection and was not certified in the utilization review on 2/19/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Right elbow steroid 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) elbow (acute & chronic).

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

**Decision rationale:** The California MTUS/ACOEM Guidelines support up to three glucocorticosteroid injections for the treatment of chronic lateral epicondylalgia who have failed to respond to conservative treatment with multiple different non-steroidal anti-inflammatory drugs (NSAIDs) (oral and/or topical), exercise, elbow straps and activity modification. Review of the medical records failed to document a trial of multiple different oral or topical NSAIDs. As such, the request for a right elbow steroid injection is not considered medically necessary and appropriate.