

Case Number:	CM14-0029693		
Date Assigned:	06/27/2014	Date of Injury:	06/01/2009
Decision Date:	07/29/2014	UR Denial Date:	02/20/2014
Priority:	Standard	Application Received:	03/07/2014

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 Occupational Medicine, 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 represented female employee who has filed a claim for chronic elbow and wrist pain reportedly associated with an industrial injury dated June 1, 2009. Thus far, the injured worker has been treated with the following: analgesic medications; attorney representations; transfer of care to and from various providers in various specialties; an elbow sleeve; and reported diagnosis with median epicondylitis of the bilateral elbows and osteoarthritis of the right wrist. In a Utilization Review report dated February 19, 2014, the claims administrator denied a request for corticosteroid injections to the bilateral elbows and a corticosteroid injection to the right wrist on the grounds that the injured worker had had previous injections to the elbows in November 2013 without any clear documentation of benefit. The claims administrator also denied a right wrist corticosteroid injection on the grounds that the injured worker had reportedly not failed conservative treatment for the wrist. The injured worker's attorney subsequently appealed. A March 24, 2014 progress note documented comments that the injured worker had persistent complaints of right elbow, left elbow, and right wrist pain, and exhibited tenderness about the bilateral median epicondyles. An elbow sleeve was dispensed, she was given an intramuscular Decadron injection, and Lorcet, Ultram, Relafen, and Soma were prescribed. On February 5, 2014, she was again given a diagnosis of lateral epicondylitis of the left and right elbows and a diagnosis of wrist arthritis. The injured worker was asked to obtain corticosteroid injections to the right elbow, left elbow, and right wrist.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cortisone 6 mg/ml injection to right elbow: Overturned

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): 41.

Decision rationale: ACOEM Guidelines state local corticosteroid injections for median and lateral epicondylalgia are "recommended," having evidence of short-term efficacy, and should only be considered after three to four weeks of conservative treatments have failed. In this case, the injured worker has seemingly tried and failed numerous conservative treatments in the form of time, medications, observation, elbow sleeves, etc. She did demonstrate a favorable response to earlier corticosteroid injection therapy as evinced by her successful return to and/or maintenance of regular work status. A repeat corticosteroid injection to the elbow is indicated. Therefore, the request is medically necessary.

Cortisone 6 mg/ml injection to left elbow: Overturned

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): 41.

Decision rationale: As noted in the guidelines, local corticosteroid injections are "recommended" for medial and lateral epicondylalgia in individuals who have failed at least three to four weeks of conservative treatment. In this case, the injured worker has been given diagnoses of both medial and lateral epicondylitis. She has reportedly failed conservative treatment including time, medications, physical therapy, elbow sleeves, etc. An elbow corticosteroid injection is indicated. Therefore, the request is medically necessary.

Cortisone 6 mg/ml injection to right wrist: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM V.3 Hand, Wrist, and Forearm Disorders Hand/Finger Osteoarthritis.

Decision rationale: As noted in the Guidelines intra-articular glucocorticosteroid injections are "recommended" for the treatment of subacute or chronic hand osteoarthritis. In this case, the attending provider has given the injured worker a diagnosis of hand/thumb arthritis. The request in question represents a first-time injection for hand/wrist/thumb arthritis. As with the request for elbow injections, the applicant has failed conservative treatment in the form of time,

medications, observation, physical therapy, etc. A corticosteroid injection is therefore indicated. Accordingly, the request is medically necessary.