

Case Number:	CM14-0034528		
Date Assigned:	06/20/2014	Date of Injury:	04/02/1993
Decision Date:	07/18/2014	UR Denial Date:	02/18/2014
Priority:	Standard	Application Received:	03/19/2014

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 Family Medicine, and is licensed to practice in Arizona. 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 73-year-old with a date of injury on April 2, 1993. Diagnoses include lateral epicondylitis, and elbow bursitis. Subjective complaints are of increasing chronic right elbow pain. Physical exam reveals tenderness over right medial and lateral epicondyles with decreased grip strength. Prior treatments include medications, and corticosteroid injections. Most recent injection was on October 15, 2013. Electrodiagnostic studies showed bilateral carpal tunnel syndrome, left cubital tunnel syndrome, and left C8-T1 radiculopathy. Records indicate that patient has orthopedic consultation pending for possible surgical intervention.

IMR ISSUES, DECISIONS AND RATIONALES

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

ONE RIGHT LATERAL EPICONDYLE INJECTION: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 594 (2008 revision). Decision based on Non-MTUS Citation Official Disability Guidelines , elbow, injections.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 22.

Decision rationale: The Elbow Disorders Chapter of the ACOEM Practice Guidelines state that evidence consistently demonstrates that steroid injections into the vicinity of the lateral

epicondyle produce short-term pain relief more effectively than do either physical therapy or a "wait and see" approach. However, in the long term, steroid injections are less effective in providing pain relief than is physical therapy or a "wait and see" approach. The ODG states a single injection is recommended as a possibility for short-term pain relief in cases of severe pain from epicondylitis. For this patient, recent injections had been utilized and failed to provide lasting relief. Guidelines do not recommend this procedure or provide provision for more than one injection. Therefore, the medical necessity of an epicondyle injection is not established. The request for one right lateral epicondyle injection is not medically necessary or appropriate.