

<b>Case Number:</b>	CM14-0039823		
<b>Date Assigned:</b>	06/27/2014	<b>Date of Injury:</b>	04/20/2012
<b>Decision Date:</b>	08/18/2014	<b>UR Denial Date:</b>	03/28/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/04/2014

### 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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Texas. 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 59 year old male who sustained an injury to his right elbow on 04/20/12. The mechanism of injury was not documented. The most recent clinical note dated 04/01/14 reported that the injured worker continued to complain of pain to the outer aspect of the lateral epicondylar region and mobile wad. There was no recent detailed physical examination provided for review. The injured worker was recommended to remain off work and return to the clinic in four weeks following injection.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Kenalog injection lateral epicondyle and mobile wad x1:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 590-600. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Elbow (updated 02/14/14 Injections (corticosteroid)).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Elbow chapter, Injections (corticosteroid).

**Decision rationale:** The request for Kenalog injection of the lateral epicondyle and mobile wad x1 is not medically necessary. The previous request was denied on the basis that the injured

worker has a complex multifactorial etiology of upper extremities pain. The Official Disability Guidelines supports steroid injection to the epicondyle in limited circumstances which are well supported; these guidelines would not support a probable benefit from such an injection in the current multifactorial situation. The Official Disability Guidelines state that corticosteroid injections are not recommended as routine intervention for epicondylitis, based on recent research. In the past, a single injection was suggested as a possible short-term pain relief measure in cases of severe pain from epicondylitis; but beneficial effects persist only for a short time in the long term outcome would be poor. Given this, the request for Kenalog injection of the lateral epicondyle and mobile wad x1 is not indicated as medically necessary.