

Case Number:	CM14-0047340		
Date Assigned:	06/11/2014	Date of Injury:	06/15/2013
Decision Date:	07/15/2014	UR Denial Date:	03/31/2014
Priority:	Standard	Application Received:	04/14/2014

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 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 41-year-old female with a reported date of injury on 06/15/2013. The injury reportedly occurred when the worker was lifting a heavy patient. The injured worker presented with pain in the radial side of her thumb and wrist with radiating pain into the radial aspect of the right elbow. The injured worker rated her pain at 3/10. Upon physical examination the injured worker's right wrist revealed positive de Quervain's tenosynovitis. Within the documentation provided, the physician indicated the injured worker has undergone physical therapy, acupuncture, and massage, the results of which were not available within the documentation provided for review. Within the clinical information provided, the physician indicated that the injured worker had an injection to the right lateral epicondyle on 02/27/2014. The injured worker stated that shortly after the procedure the pain in the right elbow and wrist improved significantly. The clinical note dated 04/14/2014, the physician noted that the tenderness over the lateral epicondyle on the right side was minimal. The injured worker's diagnoses included left elbow medial epicondylitis, right wrist de Quervain's tenosynovitis and right first dorsal interosseous myofascial strain. The injured worker's medication regimen included Tylenol and ice. The Request for Authorization for a right elbow prolotherapy injection was not submitted. The rationale for the request was not provided within the documentation available for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

RIGHT ELBOW PROLOTHERAPY INJECTION: Upheld

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 Official Disability Guidelines (ODG).

Decision rationale: The Official Disability Guidelines state that prolotherapy is recommended as a single injection as an option for short term pain relief in cases of severe pain from epicondylitis. Outcomes are no better than corticosteroid injections, which is weakly recommended and exercise should be the first line of treatment in acute cases, but injections combined with work modification may have some short term benefit. According to the clinical documentation provided for review the injured worker's pain in the right elbow was reported as minimal. The clinical provided, indicated the injured worker underwent a lateral epicondyle injection on 02/27/2014, the therapeutic benefit was not provided within the documentation available. A second injection would be dependent on the benefit from the previous injection. The rationale for the request was not provided within the documentation available for review. Therefore, the request for right elbow prolotherapy injection is not medically necessary.