

Case Number:	CM14-0065255		
Date Assigned:	07/11/2014	Date of Injury:	06/19/2013
Decision Date:	09/17/2014	UR Denial Date:	05/05/2014
Priority:	Standard	Application Received:	05/08/2014

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 records, presented for review, indicate that this 43-year-old individual was reportedly injured on 6/19/2013. The mechanism of injury was not listed. The most recent progress note, dated 5/2/2014, indicated that there were ongoing complaints of right shoulder and right elbow pains. The physical examination demonstrated right shoulder muscle strength 4/5, positive tenderness to palpation AC joint and positive Neers test. Shoulder rotation: Flexion 170, extension 20, abduction 170, external rotation 75, and internal rotation 85. Right elbow had full range of motion, muscle strength 4/5, and positive tenderness to palpation at lateral epicondyle. No recent diagnostic studies are available for review. Previous treatment included previous right elbow injection, physical therapy, chiropractic treatment, medication, and conservative treatment. A request had been made for cortisone injection at the right elbow and was not certified in the pre-authorization process on 5/5/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 CORTISONE INJECTION AT THE RIGHT ELBOW: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Elbow (Acute & Chronic). Steroid injections. Updated 5/15/2014.

Decision rationale: According to ODG guidelines, corticosteroid injections are not recommended as a routine intervention for epicondylitis, based on recent research. Therefore, this request is deemed not medically necessary.