

Case Number:	CM14-0077442		
Date Assigned:	07/21/2014	Date of Injury:	05/13/2011
Decision Date:	09/17/2014	UR Denial Date:	04/21/2014
Priority:	Standard	Application Received:	05/27/2014

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 & Rehabilitation and is licensed to practice in Illinois. 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 47-year-old female who reported an injury while pushing a heavy carton of lettuce on 05/13/2011. On 09/04/2013, her diagnoses included right elbow common extensor tendon intrasubstance tearing and degenerative changes at the radiocapitellar surfaces, cervicgia, bilateral shoulder pain, and bilateral rotator cuff tear. Her primary complaints included bilateral shoulder and right elbow pain. She also had significant neck pain. Since the request did not specify the type of injection to be administered, there is no way of determining whether or not there was a rationale in the submitted documentation. There were 3 requests for authorization, 1 on 05/13/2013, 1 on 08/15/2013, and 1 on 09/17/2013, all for different types of injections into the elbow.

IMR ISSUES, DECISIONS AND RATIONALES

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

Injection to the Right Elbow under Ultrasound Guidance: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): OMPG, Second Edition (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, Injections (corticosteroid).

Decision rationale: The Official Disability Guidelines do not recommend injections of corticosteroids into the elbow as a routine intervention for epicondylitis, based on recent research. In the past, a single injection was suggested as a possibility for short term pain relief in cases of severe pain from epicondylitis, but beneficial effects persisted only for a short period of time, and the long term outcome could be poor. The significant short term benefits of corticosteroid injections are paradoxically reversed after 6 weeks, with high recurrence rates, implying that this treatment should be used with caution. The clinical information submitted failed to meet the evidence-based guidelines for corticosteroid injection into the elbow. Additionally, the type of injection was not specified on the request. Therefore, this request for Injection to the Right Elbow Under Ultrasound Guidance is not medically necessary.