

Case Number:	CM14-0081721		
Date Assigned:	07/18/2014	Date of Injury:	12/05/2007
Decision Date:	08/26/2014	UR Denial Date:	05/02/2014
Priority:	Standard	Application Received:	06/03/2014

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 Occupational Medicine and is licensed to practice in Montana. 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 has an initial date of injury of 12/5/07. Her complaints have included right and left shoulder pain and upper and lower back pain. An MRI of the right shoulder would show a rotator cuff tear and she would have a rotator cuff repair performed on 3/15/12. She would continue to complaint of right shoulder pain postoperatively. The Utilization Review notes that on 3/25/14, she was seen by her primary care provider with complaint of left shoulder, left elbow and upper back pain. She would be diagnosed with medial epicondylitis. Her treating physician has requested ultrasound guided cortisone and lidocaine injection in the left elbow.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultrasound Guided Cortisone and Lidocaine Injection Left Elbow: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 23-24, 31.

Decision rationale: The MTUS guidelines for medial epicondylitis, state that the guidelines for lateral epicondylitis be used for that condition. The MTUS guidelines for treatment of lateral

epicondylitis state that injection with corticosteroid is recommended if noninvasive treatment fails to improve the condition over a period of at least 3-4 weeks. The medical records provided do not document noninvasive treatment of her elbow condition. The MTUS further recommends corticosteroid injection combined with bupivacaine, noting that bupivacaine is superior to lidocaine. The request for ultrasound guided cortisone and lidocaine injection of the left elbow is not medically necessary.