

Case Number:	CM13-0014165		
Date Assigned:	03/26/2014	Date of Injury:	12/01/2009
Decision Date:	01/23/2015	UR Denial Date:	07/18/2013
Priority:	Standard	Application Received:	08/21/2013

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 Rehab, has a subspecialty in ENTER SUBSPECIALTY and is licensed to practice in North Carolina. 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 48-year-old male who reported injuries of unspecified mechanism on 08/02/2006. On 05/22/2013, his clinical assessment included left medial epicondylitis, left lateral epicondylitis, status post left lateral epicondylar debridement and reattachment on 04/08/2014, left posterior interosseous nerve entrapment, status post release, left distal biceps tendinitis, and right medial and lateral epicondylitis from favoring his left side. His complaints included severe pain which persisted in his left elbow, especially over the medial aspect. It was exacerbated by pinching, pulling, and grasping. It was noted that a recent cortisone injection of the left elbow was not helpful for his pain. There was no rationale or Request for Authorization included in this injured worker's chart.

IMR ISSUES, DECISIONS AND RATIONALES

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

Repeat corticosteroid injection medial aspect of the left elbow: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, 2nd Edition, 2008 Page 594 Official Disability Guidelines (ODG), Elbow, Injections

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Elbow, Injections (corticosteroid).

Decision rationale: The request for repeat corticosteroid injection medial aspect of the left elbow is not medically necessary. The California ACOEM Guidelines note that there is good evidence that glucocorticoid injections reduce lateral or medial epicondylar pain. However, there has also been evidence that the recurrence rates are high. Pain at the time of recurrence is generally not as severe, thus, despite the problems with recurrence, there is support for utilizing corticosteroid injections in select cases to help decrease overall pain problems during the disorder's natural recovery or improvement phase. There is evidence of short term but not long term benefits. The Official Disability Guidelines do not recommend corticosteroid injections to the elbow as a routine intervention for epicondylitis. 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 persist only for a short period of time, and the long term outcome could be poor. The significant short term benefits of corticosteroid injection are paradoxically reversed after 6 weeks, with high recurrence rates implying that this treatment should be used with caution in the management of epicondylitis. Corticosteroid injection does not provide any long term clinically significant improvement in the outcome of epicondylitis. It was documented that his previous cortisone injection did not help his pain. The guidelines do not support a repeat injection. The need for a second injection has not been clearly demonstrated in the submitted documentation. Therefore, this request for repeat corticosteroid injection medial aspect of the left elbow is not medically necessary.