

<b>Case Number:</b>	CM13-0043751		
<b>Date Assigned:</b>	03/28/2014	<b>Date of Injury:</b>	09/06/2011
<b>Decision Date:</b>	03/10/2015	<b>UR Denial Date:</b>	09/30/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/24/2013

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:  
 State(s) of Licensure: Pennsylvania  
 Certification(s)/Specialty: Family Practice

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

On 9/6/2011 this worker was cleaning the floor when a bag of laundry hit her cart, causing the cart to hit her in the mid upper back. She had thoracic contusion and lumbar strain. She sustained another injury on 2/19/2012 when she was lifting a heavy bundle of wet laundry and had severe pain in her left wrist and forearm and had pain radiating to her shoulder. According to the 8/19/2013 primary treating physician's progress report for date of injury 9/6/2011, she was complaining of moderately severe pain that is constant in her left arm, shoulder, and upper back. She reported that the accupuncture and injections to her elbow have been the best treatments to date. She has a history of left carpal tunnel release. Examination of the left elbow revealed no limitation in flexion, extension, pronation or supination. Tenderness to palpation was noted over the lateral epicondyle. Tinel's sign was negative. There was no limitation in palmar flexion, dorsiflexion, ulnar deviation, radial deviation, pronation or supination. There was full upper limb strength except for left APB which is mildly decreased. Diagnoses included left lateral epicondylitis, myofascial pain syndrome, sprain thoracic region and left wrist pain. The progress report stated "If she has flare up in her elbow, I would be recommending a lateral epicondylar injection. Her medial epicondylar symptoms have not recurred. All of her pain is lateral at this time."

### IMR ISSUES, DECISIONS AND RATIONALES

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

**LEFT LATERAL EPICONDYLAR INJECTION QTY: 1.00:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 22-23.

**Decision rationale:** According to the ACOEM, "if a non-invasive treatment strategy fails to improve the condition over a period of at least 3-4 weeks, glucocorticoid injections are recommended. However benefits are usually short term and occurrence rates are high. There is no definite limit to the number of injections that could be provided but there is no indication for repeated injections except in cases of recurrence or exacerbation of symptoms. In this case however it is stated that lateral epicondylar injection would be recommended if she has a flare. It does not appear from the documentation that she is having a flare or that the tenderness over the lateral epicondyle is any different than since any previous injections. Furthermore it does not appear from the documentation that extension of the wrist or digits is producing any pain to support a flare of lateral epicondylitis. While it is reasonable to recommend an injection for a flare up of the lateral epicondylitis, the documentation did not support the medical necessity of an injection at that time.