

Case Number:	CM14-0116355		
Date Assigned:	08/04/2014	Date of Injury:	08/01/2013
Decision Date:	01/02/2015	UR Denial Date:	07/03/2014
Priority:	Standard	Application Received:	07/23/2014

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 California. 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:

This case involves a 57 year-old patient who sustained an injury on 8/1/13 when her fingers got caught in tubing. Request(s) under consideration includes corticosteroid injection left elbow. Diagnoses include left elbow medial and lateral epicondylitis; left partial common extensor tear. Reports of 11/6/13 and 11/20/13 noted X-rays of the left elbow and left wrist were negative for fracture. The patient continued to treat for chronic ongoing left wrist and elbow pain to shoulder and arm. Exam showed tenderness at left AC joint with pain on abduction and external rotation of thumb in down position. Diagnoses included left wrist and elbow strain; possible left AC joint injury and rotator cuff injury. Treatment included MRIs, orthopedic referral and medications. Hand-written illegible report of 6/24/14 from the provider noted unchanged left wrist and elbow pain rated at 9/10 with swelling, burning, and weakness. Exam showed positive medial and lateral epicondyle tenderness; limited wrist and elbow range with generalized edema; sensation intact and undefined weak musculature. Treatment included MRIs, EMG/NCV of bilateral extremities; corticosteroid injection left elbow; physio /acupuncture x 12; and splint. The patient remained TTD status and had no significant change in symptoms or findings documented. The request(s) for corticosteroid injection left elbow was non-certified on 7/3/14 citing guidelines criteria and lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

Corticosteroid injection left elbow: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Elbow Complaints, Corticosteroid Injections Page(s): 22-24. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Elbow Complaints, Injections (Corticosteroid), pages 116-118

Decision rationale: Guidelines for Elbow Complaints in regards to corticosteroid injections have no recommendation that require ultrasound-guided injection of the elbow commonly done by clinical exam. Studies indicate that corticosteroid injections produce short-term pain relief; however, in the long-term, they are less effective with poor outcome. There is insignificant clinical improvement in providing pain relief and benefit for acute cases of epicondylitis diagnosis compared to the first-line treatment of physical therapy. There are also higher recurrence rates with many patients experiencing a return of symptoms within several months after injection and note repeat injections to be considered on case by case basis. Studies indicate the short-term benefits of corticosteroid injection are paradoxically reversed after six weeks, with high recurrence rates, implying that this treatment should be used with caution in the management of tennis elbow. While there is some benefit in short-term relief of pain, patients requiring multiple corticosteroid injections to alleviate pain have a guarded prognosis for continued non-operative management. Additionally, long-term use of corticosteroid injections for tendinopathy may be harmful with some risks of tendon fraying and rupture with moderate evidence of harmful effects from repeated injections. Submitted reports have not demonstrated the indication, activities of daily living limitations or failed conservative treatment to support for this corticosteroid injection outside guidelines criteria. Therefore, this request is not medically necessary.