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| <b>Case Number:</b>   | CM14-0198029 |                              |            |
| <b>Date Assigned:</b> | 12/08/2014   | <b>Date of Injury:</b>       | 09/15/2010 |
| <b>Decision Date:</b> | 01/20/2015   | <b>UR Denial Date:</b>       | 11/06/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 11/25/2014 |

### 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 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:

According to the records made available for review, this is a 44-year-old female with a 9/15/10 date of injury, and status post left elbow lateral epicondylectomy with debridement 1/12. At the time (11/6/14) of request for authorization for left elbow lateral epicondylar region steroid, lidocaine and Marcaine, there is documentation of subjective (left elbow pain, stiffness, and left arm weakness) and objective (tenderness along the surgical incision left elbow with tenderness over the lateral epicondyle, decreased grip strength left hand, and decreased strength on forearm rotation) findings, imaging findings (upper extremity MRI (10/2/14) report revealed small elbow effusion, mild thickening of the lateral ulnar collateral ligament, this could reflect residual/recurrent changes of lateral epicondylitis or could reflecting scar formation from prior surgery), current diagnoses (left lateral epicondylitis), and treatment to date (medications, elbow strap, physical therapy, activity modification, and elbow cortisone injection). 8/27/14 medical report identifies the patient received a cortisone injection to the left elbow without benefit. There is no documentation of objective improvement or utilization of a different technique or location for the injection.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Left Elbow Lateral Epicondylar Region Steroid, Lidocaine and Marcaine injection:** 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): 23.

**Decision rationale:** MTUS reference to ACOEM Guidelines identifies documentation of conservative measures (i.e., NSAIDs, orthotics and other non-interventional measures) for four to six weeks as criteria necessary to support the medical necessity of local anesthetic and corticosteroid injections for epicondylitis. In addition, MTUS reference to ACOEM identifies documentation of either objective improvement or utilization of a different technique or location for the injection(s) as criteria necessary to support the medical necessity of subsequent injections. Within the medical information available for review, there is documentation of diagnosis of left lateral epicondylitis. However, given documentation of a prior injection without benefit, there is no documentation of objective improvement or utilization of a different technique or location for the injection. Therefore, based on guidelines and a review of the evidence, the request for left elbow lateral epicondylar region steroid, lidocaine and Marcaine is not medically necessary.