

Case Number:	CM14-0200270		
Date Assigned:	12/10/2014	Date of Injury:	08/04/2010
Decision Date:	01/28/2015	UR Denial Date:	10/30/2014
Priority:	Standard	Application Received:	12/01/2014

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 is a 53-year-old male with an 8/4/10 date of injury. The injury occurred when he lifted a very heavy box from the ground to put on a shelf. According to a progress report dated 10/22/14, the patient had a prior tear of the triangular fibrocartilage complex of his right wrist, synovitis, and lateral epicondylitis with a tear of the extensor tendon of his right elbow. He had prior arthroscopy of his right elbow. He has continued to complain of pain and stiffness of the elbow, with occasional sharp pains in his elbow and the inability to fully extend the elbow. On 6/25/14, he was given a corticosteroid injection of his right elbow and right wrist. He presently complained of elbow and wrist pain and minor aching of his shoulder. Objective findings: tenderness to palpation of the posterolateral elbow, nontender medial/lateral epicondyle of right elbow, swelling and tenderness to palpation over the flexor carpi radialis, slight dorsal tenderness. Diagnostic impression: synovitis of the right elbow, flexor carpi radialis tendinitis of the right wrist, synovitis of the right wrist. Treatment to date: medication management, activity modification, physical therapy, and surgery. A UR decision dated 10/30/14 denied the request for Cortisone injection for the right elbow. Guidelines do not recommend the request.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cortisone Injection for the Right Elbow: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Elbow Chapter - Corticosteroid injections.

Decision rationale: CA MTUS does not address this issue. According to ODG, corticosteroid injections are not recommended as a routine intervention for epicondylitis, based on recent research. 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 time, and the long-term outcome could be poor. However, in the present case, it is noted that this patient had a corticosteroid injection for the right elbow and right wrist on 6/25/14. There is no documentation of functional improvement. In addition, guidelines do not recommend the routine use of corticosteroid injections for epicondylitis. A specific rationale identifying why this treatment modality is required in this patient despite lack of guideline support was not provided. Therefore, the request for Cortisone injection for the right elbow is not medically necessary.