

Case Number:	CM14-0201389		
Date Assigned:	12/11/2014	Date of Injury:	09/21/1999
Decision Date:	01/30/2015	UR Denial Date:	11/19/2014
Priority:	Standard	Application Received:	12/02/2014

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 Emergency 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:

This is a 58 year old male who suffered an industrial related injury on 9/21/99. Mechanism of injury was not reported. A physician's report dated 6/3/13 noted the injured worker had complaints of whole body pain. The injured worker was taking Norco 5/325mg. The injured worker stated that he would not take injections even if they were authorized. The physical examination revealed bilateral shoulder decreased range of motion and tenderness to palpation diffusely. Diagnoses included status post right shoulder and right carpal tunnel release surgery in 2001 and 2004, whole body pain, lumbar degenerative disc disease with facet arthropathy, lumbar herniated disc at L5-S1 with right S1 radiculopathy. A physician's report dated 10/13/14 noted the injured worker had pain involving the right inner elbow. A compounded ointment was noted to be somewhat helpful. The physical examination revealed significant tenderness over the right medial epicondyle of the elbow after a brace was removed. Grip strength was reduced on the left. The physician noted a cortisone injection may be greatly helpful for the right inner elbow pain. On 11/19/14 the utilization review (UR) physician denied the request for 1 right inner elbow medial epicondyle steroid injection. The UR physician noted there was no clear detail provided as to what previous treatment was provided for the right elbow region since the injury including outcomes which should be clarified in order to help facilitate the appropriate treatment plan. Also the Medical Treatment Utilization Schedule guidelines state steroid injections for the elbow only provide some temporary pain relief if any and are not long term relief based. Therefore the request is not medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 right inner elbow medial epicondyle steroid injection: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 10 Elbow Disorders (Revised 2007), Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), online version - Neck & Upper Back Chapter

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 20-32.

Decision rationale: As per ACOEM guidelines, recommendation for steroid injections of medial epicondylitis is similar to lateral epicondylitis therefore criteria for both were used. Steroid injection has temporizing short term improvement in pain and has low risks. Guidelines recommend at least 3-4 weeks of conservative treatment before recommending injection. The provider has failed to document any prior conservative therapy except for some topical cream or length of elbow pain. Provided notes only provide note from 10/13/14 and then 1/27/14 which at that time did not have any elbow complaints. There is no interim information concerning the elbow provided for documented. Medial epicondyle steroid injection is not medically necessary.