

Case Number:	CM14-0207004		
Date Assigned:	12/19/2014	Date of Injury:	09/14/2012
Decision Date:	02/12/2015	UR Denial Date:	11/11/2014
Priority:	Standard	Application Received:	12/10/2014

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 Rehab, has a subspecialty in Pain 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 patient with a date of injury of September 14, 2012. A utilization review determination dated November 11, 2014 recommends noncertification for a cortisone injection medial/lateral side of the left elbow X2. Noncertification is recommended due to lack of documentation regarding how the patient responded to a previous injection on May 17, 2013 and lack of physical examination findings supporting the need for a repeat injection. A progress report dated July 3, 2014 identifies subjective complaints indicating that the patient underwent 12 therapy sessions but continues to have left elbow pain, pain along the left forearm, and numbness along the left hand. Physical examination findings reveals medial elbow pain with range of motion, 5/5 strength, tenderness to palpation around the medial epicondyle and lateral epicondyle, pain with resisted elbow and wrist extension, positive Tinel's along the cubital tunnel, and normal sensation. An electrodiagnostic study dated July 3, 2013 shows chronic C6 on the right and C7 on the left nerve root irritation. Diagnoses include probable left elbow medial and lateral epicondylitis, possible left radial tunnel syndrome, and probable left cubital tunnel syndrome. The treatment plan recommends a follow-up MRI of the left elbow and a follow-up EMG/nerve conduction study to rule out cubital tunnel syndrome as well as possible radial nerve entrapment. An MRI dated July 17, 2014 identifies no evidence of lateral epicondylitis and a tiny amount of fluid separating the medial collateral ligament from the trochlea. An electrodiagnostic study dated August 7, 2014 shows a mild-moderate left-sided C7 radiculopathy. A progress report dated August 14, 2014 recommends a spine consult and MRI of the left shoulder to rule out rotator cuff tear. A progress report dated September 25, 2014 recommends occupational therapy. A progress report dated November 6, 2014 states that therapy was not authorized and recommends left elbow medial/lateral epicondylar steroid injection. Physical examination findings revealed tenderness to palpation over the lateral and medial epicondyle.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cortisone injection medial/lateral side- left elbow x 2: 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 Page(s): 12-13 and 20-24.

Decision rationale: Regarding the request for repeat medial/lateral epicondyle injections, Chronic Pain Medical Treatment Guidelines state that treatment of medial epicondylalgia is inferred from the treatment of lateral epicondylalgia. Guidelines recommend attempting conservative measures 4-6 weeks before considering injections. Subsequent injections should be supported by either objective improvement or utilization of a different technique or location for the injections. Within the documentation available for review, it appears the patient's diagnosis is in question. Workup of the shoulder and cervical spine has recently been recommended. It is unclear whether this diagnostic workup has been performed. Additionally, it appears the patient underwent a previous epoch condyle injection in May and there is no documentation of objective functional improvement from the previous injection or any indication that the currently requested injection will be performed in a different manner. In the absence of such documentation, the requested medial/lateral epicondyle injections are not medically necessary.