

Case Number:	CM14-0207289		
Date Assigned:	12/19/2014	Date of Injury:	01/31/2012
Decision Date:	02/13/2015	UR Denial Date:	11/19/2014
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 Rehabilitation, has a subspecialty in Interventional spine 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:

The patient is a 53 year old male with an injury date on 1/31/12. The patient complains of constant left shoulder pain rated 7/10, and increased pain with lifting, pushing, and pulling per 11/7/14 report. The patient also complains of right elbow pain, increased with gripping/grasping per 10/3/14 report. The left shoulder pain also has associated weakness per 10/3/14 report. Based on the 11/7/14 progress report provided by the treating physician, the diagnoses are: 1. C-spine s/s 2. bilateral shoulder s/s 3. bilateral elbow medial epicondylitis 4. sleep disorder - defer 5. s/p right shoulder subacromial decompression, distal clavicle resection, debridement (12/18/13) A physical exam on 11/7/14 showed "left shoulder 4/5 weakness, decreased range of motion in left shoulder." The 10/3/14 report stated right elbow has tenderness to palpation in lateral epicondyle, and positive Cozen's, with negative Tinel's. The patient's treatment history includes medications, shoulder surgery, C-spine MRI, left shoulder MRI, . The treating physician is requesting injection right lateral epicondyle. The utilization review determination being challenged is dated 11/19/14. The requesting physician provided treatment reports from 10/3/14 to 11/7/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Injection right lateral epicondyle: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Cortisone Injections of the Elbow

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): Table 10-6, page 241. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Elbow, Cortisone Injection for Epicondylar Pain

Decision rationale: This patient presents with left shoulder pain, right elbow pain. The treating physician has asked for injection right lateral epicondyle on 11/7/14. Regarding Cortisone injections for epicondylar pain, Official Disability Guidelines (ODG) states that they are under study. ODG states: "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. Corticosteroid injection does not provide any long-term clinically significant improvement in the outcome of epicondylitis, and rehabilitation should be the first line of treatment in acute cases, but injections combined with work modification may have benefit. A recent clinical trial of treatments for epicondylitis found that, after 12 months, the success rate for physical therapy (91%) was significantly higher than injection (69%), but only slightly higher than in the wait-and-see group (83%)." ACOEM guidelines states "corticosteroid injections have been shown to be effective, at least in the short term; however, the evidence on long-term effects is mixed, some studies show high recurrence rate among injection groups." (pages 235, 236) ACOEM considers the injections optional treatment (table 10-6, page 241). In this case, the patient presents with chronic elbow pain. ODG states that patients requiring multiple cortisone injections to alleviate epicondylar pain have a guarded prognosis, as the results for long-term effects have been mixed and some studies show high recurrence rates, and minimal improvement when combined with physical therapy, as one study showed. Per the ACOEM guidelines, they do not seem to provide long-term improvements; however, some studies have found that injections combined with work modification may have some benefit. There is no documentation that this patient has had injection and if so, with what efficacy. Given the patient's persistent symptoms, the requested injection for trial, along with the patient's therapy history and home exercises, would appear appropriate. Therefore, this request is medically necessary.