

<b>Case Number:</b>	CM14-0217119		
<b>Date Assigned:</b>	01/07/2015	<b>Date of Injury:</b>	01/13/2012
<b>Decision Date:</b>	05/01/2015	<b>UR Denial Date:</b>	12/23/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/29/2014

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:  
 State(s) of Licensure: New York, Tennessee  
 Certification(s)/Specialty: Emergency Medicine

### 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 injured worker is a(n) 35 year old female, who sustained an industrial injury on 1/13/12. She reported initial complaints of left upper extremity and hand. The injured worker was diagnosed as having a status post left hand fracture - healed; sprain of wrist; chronic tendinitis flexor carpi radialis; lateral epicondylitis. Treatment to date has included status post left hand fracture; left wrist brace; medications. Currently, per the PR-2 notes dated 12/9/14, the injured worker complains of pain in the left wrist and hand with numbness in the three radial fingers and dorsum of the hand. The provider documents continued medications, continued wrist brace and a request for steroid injection to the left lateral epicondylitis and flexor carpi ulnaris tendonitis.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Steroid injection for the left lateral epicondylitis:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Chapter Elbow, Chapter Forearm, Wrist, Hand, Web Edition.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Elbow, Injections (corticosteroid).

**Decision rationale:** 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. The significant short-term benefits of corticosteroid injection are paradoxically reversed after six weeks, with high recurrence rates, implying that this treatment should be used with caution in the management of tennis elbow. 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. Corticosteroid injections are not recommended. The request is not medically necessary.

**Flexor carpi ulnaris tendonitis:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Chapter Elbow, Chapter Forearm, Wrist, Hand, Web Edition.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Forearm Wrist, and Hand Injection.

**Decision rationale:** Most invasive techniques, such as needle acupuncture and injection procedures, have insufficient high quality evidence to support their use. The exception is corticosteroid injection about the tendon sheaths or, possibly, the carpal tunnel in cases resistant to conservative therapy for eight to twelve weeks. Wrist injections are recommended for Trigger finger and for de Quervain's tenosynovitis. The patient had been experiencing wrist pain for several months and had prior history of wrist surgeries. Physical examination revealed ulnar-sided tenderness. Range of motion was normal in the wrist. Diagnosis does not include trigger finger, de Quervain's tenosynovitis, or carpal tunnel syndrome. Medical necessity is not established. In this case the patient is not suffering from trigger finger or de Quervain's tenosynovitis. Steroid injections are not indicated. The request is not medically necessary.