

Case Number:	CM14-0219088		
Date Assigned:	01/09/2015	Date of Injury:	01/16/2013
Decision Date:	04/07/2015	UR Denial Date:	12/15/2014
Priority:	Standard	Application Received:	12/31/2014

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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 47 year old male who suffered an unknown work related injury on 01/16/13. Per the physician's note from 10/28/14 he complains of pain in the left shoulder, wrist and elbow. There is tenderness to palpation in the left shoulder and elbow. Diagnoses include sprain of wrist and ganglion cyst. The recommended treatments are a cortisone injection to the left elbow, physical therapy, home exercises, and continued medications. The cortisone injection was non-certified by the Claims Administrator on 12/15/14 as there is no documentation of the use of conservative measures. The ACOEM and ODG were cited. The cortisone injection to the left elbow was subsequently appealed for Independent Medical Review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cortisone Injection Left Elbow: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007). Decision based on Non-MTUS Citation ODG Elbow (updated 10/20/14).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 235-241. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Elbow (Acute & Chronic) chapter, Injections (corticosteroid).

Decision rationale: The patient presents with unrated pain to the left wrist and elbow and difficulty pulling objects with the left arm. Handwritten reports provided are hand written and largely illegible. Patient is status post excision of lunate ganglion cyst and partial excision of the distal ulna which included bone graft removal from distal ulna for application to lunate site on 09/12/14. The request is for CORTISONE INJECTION LEFT ELBOW. Physical examination dated 10/27/14 revealed tenderness to palpation of the medial epicondyle of the left elbow and weakness on flexion and extension of the left arm, remaining physical findings are illegible. The patient's current medication regimen is not provided. Diagnostic imaging pertinent to this request was not included. Patient is classified as permanently disabled. Regarding Cortisone injections for epicondylar pain, 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." ACOEM considers the injections optional treatment. In regards to the request for what appears to be this patient's first Cortisone injection to the left elbow, the request appears reasonable. While the treating physician does not provide any evidence that the requested injection is to be provided in conjunction with work modification or physical therapy, there is no documentation that this patient has had therapy to date. ODG and ACOEM do support trial of injections for short term relief to allow recovery from exercises and therapy. The request IS medically necessary.