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| Case Number: | CM14-0048296 | | |
| Date Assigned: | 07/02/2014 | Date of Injury: | 08/21/2008 |
| Decision Date: | 01/15/2015 | UR Denial Date: | 03/24/2014 |
| Priority: | Standard | Application Received: | 04/16/2014 |

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 Anesthesiology and is licensed to practice in North Carolina, Georgia and Tennessee. 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 injured worker is a 53 year old female who reported an injury on 06/04/2008. The current diagnosis is synovitis/bursitis of the elbow. Previous conservative treatment includes physical therapy and anti-inflammatory medication. In a progress note dated 02/08/2014 the injured worker presented with complaints of left elbow pain. There was marked tenderness of the lateral epicondyle upon examination. The treatment recommendations included an ultrasound guided injection of lidocaine and Marcaine into the left elbow. A Request for Authorization Form was then submitted on 02/04/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultrasound guided injection into the left elbow: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 30-33.

Decision rationale: The California MTUS/ACOEM Practice Guidelines state, studies show clear short term benefits of corticosteroid injections into the elbow for lateral epicondylitis. Injections are recommended for short term benefit to reduce the overall magnitude of pain in

selected cases. Conservative measures, including NSAIDs, orthotics, and noninterventional measures should be carried out for 4 to 6 weeks prior to considering injections. There is no documentation of recent conservative management prior to the request for an injection. There is also no documentation of a significant functional limitation. Based on the clinical information received, the request is not medically appropriate at this time.