

Case Number:	CM15-0000087		
Date Assigned:	02/05/2015	Date of Injury:	09/02/2013
Decision Date:	04/07/2015	UR Denial Date:	12/02/2014
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, District of Columbia, Maryland
 Certification(s)/Specialty: Anesthesiology, Pain Management

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 50-year-old female, who sustained an industrial injury on 09/02/2013. She has reported subsequent back, right shoulder and right elbow pain and was diagnosed with discogenic syndrome, synovitis shoulder and recurrent shoulder dislocation. Treatment to date has oral pain medication, chiropractic therapy, physical therapy and surgery. MRI of the right elbow on 10/31/2014 showed what appeared to be tendinosis/partial-thickness tear of the common extensor tendons at their attachment site to the lateral epicondyle. In a progress note dated 11/21/2014, the injured worker complained of right shoulder and elbow pain. Objective physical examination findings were notable for decreased range of motion, right elbow pain with wrist extension against resistance and tenderness of the lateral epicondyle. A request for authorization of a right elbow ultrasound guided injection of Maracaine, Lidocaine, Kenalog was made. On 12/02/2014, Utilization Review non-certified a request for right elbow ultrasound guided injection of Maracaine, Lidocaine, Kenalog, noting that the documentation lacked information indicating that the injured worker had tried and failed rehabilitation for at least 3-4 weeks and that guidelines do not support the long term benefit of the request. MTUS, ACOEM and ODG guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right Elbow Ultrasound Guided Injection Maracaine Lidocaine Kenalog: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines ESI.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 23.

Decision rationale: The California MTUS guidelines indicates that steroid injections for lateral epicondylitis are indicated if the injured employee has failed to improve with other conservative methods. Previous treatment has included oral pain medications, chiropractic therapy, physical therapy, and surgery. As symptoms to persist, this request for a right elbow ultrasound guided injection is medically necessary.