

<b>Case Number:</b>	CM15-0000724		
<b>Date Assigned:</b>	01/12/2015	<b>Date of Injury:</b>	09/07/2012
<b>Decision Date:</b>	04/02/2015	<b>UR Denial Date:</b>	12/08/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/02/2015

### 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:

This 44 year old woman sustained an industrial injury on 9/7/2012 to the neck, bilateral shoulders, and bilateral wrists. The mechanism of injury is not detailed. Current diagnoses include discogenic cervical condition with facet inflammation and headaches, acromioclavicular joint inflammation, brachial plexus neuritis/compression of carpal tunnel, cubital tunnel, and medical brachial plexus, epicondylitis positive on the right medially and laterally, mild bilateral radial tunnel, left ulnar neuritis, bilateral carpal tunnel syndrome, right cubital tunnel, tenderness along the first extensor bilaterally, wrist inflammation bilaterally with carpometacarpal joint inflammation bilaterally, worse on the right, and chronic pain syndrome. Treatment has included oral medications and pain management consultation. Physician notes dated 11/5/2014 show complaints of pain on the left arm from elbow to hands that is worse at night and with activity at work and wakes her. Recommendations include the requested injection and either a tennis brace or elbow strap. On 12/8/2014, Utilization Review evaluated a prescription for injection for right medial epicondyle and/or intersection syndrome that was submitted on 1/2/2015. The UR physician noted the complaints of pain were diffuse, and therefore do not support injections. The MTUS, ACOEM Guidelines, (or ODG) was cited. The request was denied and subsequently appealed to Independent Medical Review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**INJECTION FOR RIGHT MEDIAL EPICONDYLE AND/OR INTERSECTION SYNDROME:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 31-32, 235-236. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Elbow Chapter under Cortisone injection for epicondylar pain.

**Decision rationale:** The patient is a 44 year old female with an injury date of 09/07/12. Based on the 11/05/14 progress report provided by treating physician, the patient presents with pain on the LEFT arm from the elbow down to the hands. The request is for INJECTION FOR THE RIGHT MEDIAL EPICONDYLE AND/OR INTERSECTION SYNDROME. Patient's diagnosis on 11/05/14 includes epicondylitis positive on the RIGHT medially and laterally, cubital tunnel on the RIGHT, ulnar neuritis positive on the LEFT, and carpal tunnel syndrome bilaterally. Physical examination on 11/05/14 revealed pain along the medial greater than the lateral epicondyles as well as on intersection syndrome on the LEFT arm; tenderness along the flexors of the forearm; and pain along the CMC and first extensor of the LEFT hand. The patient is working. ACOEM Practice Guidelines, 2nd Edition (Revised 2007) Chapter 10, page 31-32, for Medial Epicondylagia (Medial epicondylitis) states: "Quality studies are available on glucocorticoid injections in chronic medial epicondylalgia patients and there is evidence of short-term, but not long-term benefits. This option is invasive, but is low cost and has few side effects." ACOEM guidelines, table 10-6, page 241 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." (p235,6) ACOEM considers the injections optional treatment (table 10-6, page 241). ODG, Elbow Chapter under Cortisone injection for epicondylar pain 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. (Assendelft, 1996) Per progress report dated 11/05/14, treater states "please kindly authorize injection either for the medial epicondyle and/or intersection syndrome on the LEFT elbow. She has never had any injections to reduce the inflammation..." Treater has documented symptoms to the LEFT upper extremity. Provided diagnosis pertains to epicondylitis to the RIGHT elbow, and physical examination findings pertain to the LEFT upper extremity. Given the patient's persistent symptoms, the requested injection would be indicated by the guidelines for the LEFT elbow. However, the request is for injection to the RIGHT elbow. There are no symptoms or physical examination findings to support injection to the RIGHT elbow. Therefore, the request for injection to the RIGHT medial epicondyle IS NOT medically necessary.