

<b>Case Number:</b>	CM15-0001173		
<b>Date Assigned:</b>	01/12/2015	<b>Date of Injury:</b>	05/03/2014
<b>Decision Date:</b>	03/10/2015	<b>UR Denial Date:</b>	12/29/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/05/2015

### 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: Iowa, Illinois, Hawaii

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Public Health & Gen Prev Med

### 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 49 year old female who sustained an industrial injury on May 3, 2014. She has reported right elbow and arm pain and has been diagnosed with abdominal epigastric strain, thoracic pain, and mid back pain. Treatment to date has included medical imaging, ice, work restrictions, and medications. Currently the injured worker has complained of burning and tearing sensation radiating from the elbow into the wrist and hand. The treatment plan has included medications and a temur pedic mattress. On December 29, 2014 Utilization review non certified right tendon elbow injection x 2 noting the MTUS guidelines.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Right tendon elbow injection x2:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007).

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): p22 (p 571 MTUS pdf). Decision based on Non-MTUS Citation Elbow, Injections

**Decision rationale:** ACOEM states "Evidence consistently demonstrates that steroid injections into the vicinity of the lateral epicondyle produce short-term pain relief more effectively than do either physical therapy or a 'wait and see' approach. However, in the long term, steroid injections are less effective in providing pain relief than is physical therapy or a 'wait and see' approach." ODG states "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. (Boisubert, 2004) 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. (Bisset, 2006) 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 nonoperative 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." Guidelines do not support elbow injections. As such the request for Right tendon elbow injection x2 is not medically necessary.