

<b>Case Number:</b>	CM15-0002235		
<b>Date Assigned:</b>	01/21/2015	<b>Date of Injury:</b>	05/03/2009
<b>Decision Date:</b>	03/18/2015	<b>UR Denial Date:</b>	12/22/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/06/2015

### 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:

The injured worker is a 52-year-old male, with a reported date of injury of 05/03/2009. The diagnoses include right elbow pain and status post right elbow open lateral epicondylar release, partial epicondylectomy, forearm fasciotomy, and forearm resection of subcutaneous scarring and facial scar tissue. Treatments have included a topical pain cream. The progress report dated 12/11/2014 indicates that the injured worker complained of right elbow pain. He stated that the pain in the right elbow affected him the most, with shooting pain from the elbow to the wrist. The pain was moderate-to-severe. An examination of the right shoulder showed a well-healed 10cm incision, tenderness to palpation over the lateral epicondyle, resisted wrist extension made the pain worse; decreased grip strength with the right hand, decreased sensory in the right fourth finger, and diminished reflexes symmetrically. The treating physician requested a right elbow injection, but no rationale was provided. On 12/22/2014, Utilization Review (UR) denied the request for one (1) injection in the right elbow as an outpatient, noting that there was no documentation as to whether prior injections have been done, whether they were improved, if this is an acute exacerbation, and whether the injured worker had conservative therapy. The Non-MTUS Official Disability Guidelines were cited.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**One Injection on the right elbow as an outpatient:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Elbow (Acute and Chronic)

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation elbow chapter, injections

**Decision rationale:** This patient presents with bilateral shoulder and right elbow pain. The patient is status post right elbow lateral epicondylar release from 2010. The treater is requesting ONE INJECTION ON THE RIGHT ELBOW AS OUTPATIENT. The RFA dated 12/11/2014 shows a request for right elbow injection. The patient's date of injury is from 05/03/2009, and his current work status is TTD. The MTUS and ACOEM guidelines do not address this request; however, ODG guidelines under the elbow chapter on injections state, 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. The records do not show any previous right elbow injection. In this case, the ODG guidelines do not support the use of injections for treatment of epicondylitis. The request IS NOT medically necessary.