MAXIMUS Federal Services

Case Number:	CM15-0009966		
Date Assigned:	01/27/2015	Date of Injury:	08/11/2004
Decision Date:	03/30/2015	UR Denial Date:	12/30/2014
Priority:	Standard	Application Received:	01/16/2015

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: Orthopedic Surgery

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 (IW) is a 49 year old female, who sustained an industrial injury on August 12, 2004. She has reported bilateral shoulder pain with decreased range of motion and bilateral hand pain with stiffness and swelling at night and was diagnosed with lateral internal derangement of the left shoulder, radial styloid tenosynovitis, other tenosynovitis of the hand and wrist, medical epicondylitis and carpal tunnel syndrome. Treatment to date has included radiographic imaging, diagnostic studies, surgical intervention, physical therapy, pain medications and treatment modalities. Currently, the IW complains of bilateral shoulder pain with decreased range of motion and bilateral hand pain with stiffness and swelling at night. The injured worker reported an industrial injury in 2004 resulting in chronic pain as previously described. She was noted to have continued pain after conservative therapies and surgical intervention. On August 7, 2014, evaluation revealed bilateral shoulder and elbow pain. She noted improvement in the elbow pain and no changes in the shoulder pain compared to previous evaluation. The plan was to continue physical therapy for the shoulders and to continue ibuprofen for shoulder pain. On December 30, 2014, Utilization Review non-certified a Retrospective request for Betamethasone Acetate and Sodium Phosphate right side tendon sheath/ligament of the elbow, noting the MTUS, ACOEM Guidelines, (or ODG) was cited.On January 13, 2015, the injured worker submitted an application for IMR for review of requested Retrospective request for Betamethasone Acetate and Sodium Phosphate right side tendon sheath/ligament of the elbow.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective req for Betamethasone Acetate and Sodium Phosphate right side tendon sheath/ligament of the elbow: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guideline, Elbow, Injections

Decision rationale: CA MTUS/ACOEM is silent on the issue of steroid injection around the right elbow. According to the ODG, Elbow section, Injections (corticosteroid), 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 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. As the guidelines do not support steroid injections about the elbow, the determination is for non-certification.