

Case Number:	CM15-0009974		
Date Assigned:	01/27/2015	Date of Injury:	04/16/2013
Decision Date:	03/24/2015	UR Denial Date:	01/12/2015
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, 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 70 year old male who sustained an industrial injury on 4/16/2013. He has reported a bike accident and injury to the right shoulder, elbow, knee and ankle. The diagnoses have included status right rotator cuff repair 12/17/2013 and epicondylitis. Treatment to date has included right elbow cortisone injection, physical therapy, home exercises and medication management. Currently, the IW complains of right shoulder, elbow, knee and ankle. Treatment plan included right elbow cortisone injection. On 1/12/2015, Utilization Review non-certified review of right elbow cortisone injection, noting lack of benefit from previous injection. The MTUS was cited. On 1/16/2015, the injured worker submitted an application for IMR for right elbow cortisone injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right elbow cortisone injection: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 23. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Injection

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

Decision rationale: Per the MTUS guidelines, There is good evidence that glucocorticoid injections reduce lateral epicondylar pain. However, there is also good evidence that the recurrence rates are high. On the other hand, pain at the time of recurrence is generally not as severe. Thus, despite the problems with recurrence, there is support for utilizing corticosteroid injections in select cases to help decrease overall pain problems during the disorders natural recovery or improvement phase. Quality studies are available on glucocorticoid injections and there is evidence of short-term benefits, but not long-term benefits. This option is invasive, but is low cost and has few side effects. Thus, if a non-invasive treatment strategy fails to improve the condition over a period of at least 3-4 weeks, glucocorticoid injections are recommended [Evidence (B), Moderately Recommended]. I respectfully disagree with the UR physician's denial based upon lack of benefit from previous injection. Per the documentation submitted for review, it was noted per 10/28/14 progress report that he was status post cortisone shot which did not help. However, per 10/17/14 progress report it was noted that cortisone injections help him temporarily. Considering the guideline recommendation, the request is medically necessary.