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| Case Number: | CM15-0102223 | | |
| Date Assigned: | 06/04/2015 | Date of Injury: | 09/03/2013 |
| Decision Date: | 07/07/2015 | UR Denial Date: | 04/30/2015 |
| Priority: | Standard | Application Received: | 05/28/2015 |

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: Texas, Florida, California

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 53 year old female who sustained an industrial injury on 03/11/15. Initial complaints and diagnoses are not addressed. Treatments to date include medications. Diagnostic studies include a MRI of the left elbow and a nerve conduction study/ electrodiagnostic study. Current complaints include left elbow/shoulder/neck pain. Current diagnoses include left lateral epicondylitis, left wrist sprain, trapezia sprain, and rule out carpal tunnel syndrome. In a progress note dated 03/11/15 the treating provider reports the plan of care as fenoprofen and a trial injection to the left elbow. The requested treatment is a trial injection to the left elbow.

IMR ISSUES, DECISIONS AND RATIONALES

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

Trial Injection to the Left Elbow: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Treatment Index, 11th Edition (web) 2014 Elbow.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): ACOEM, Chapter 3, Initial Approaches to Treatment, page 48.

Decision rationale: This claimant was injured this past March. There is left elbow, shoulder and neck pain. No objective findings suggesting internal orthopedic damage are noted. Per the reference, injections of corticosteroids or local anesthetics or both should be reserved for patients who do not improve with more conservative therapies. Steroids can weaken tissues and predispose to reinjury. Local anesthetics can mask symptoms and inhibit long-term solutions to the patient's problem. Both corticosteroids and local anesthetics have risks associated with intramuscular or intraarticular administration, including infection and unintended damage to neurovascular structures. The request is not medically necessary.