

Case Number:	CM15-0103009		
Date Assigned:	06/05/2015	Date of Injury:	12/28/2010
Decision Date:	07/03/2015	UR Denial Date:	05/13/2015
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: North Carolina

Certification(s)/Specialty: Family Practice

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 54 year old female, who sustained an industrial injury on 12/28/2010. She has reported subsequent bilateral upper extremity pain and was diagnosed with cervical radiculopathy, carpal tunnel syndrome, muscle spasm, shoulder and elbow pain. Treatment to date has included oral, topical and injectable pain medication, Cortisone injection of the left elbow, physical therapy and a home exercise program. In a progress note dated 03/05/2015, the injured worker complained of bilateral upper extremity pain that was rated 7/10 with medication and 8/10 without medication. The injured worker's quality of life and activity level were noted to be unchanged from the prior visit. Objective findings were notable for tenderness to palpation of the medial epicondyle of the left elbow, allodynia with medial epicondyle palpation and positive Tinel's sign. A request for authorization of a left medial epicondyle injection was submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left medial epicondyle injection: Overturned

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).

Decision rationale: The ACOEM chapter on elbow complaints states: 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]. Criteria have been met for injection as outlined above in the provided clinical documentation and therefore the request is medically necessary.