

<b>Case Number:</b>	CM15-0014260		
<b>Date Assigned:</b>	02/02/2015	<b>Date of Injury:</b>	09/22/2014
<b>Decision Date:</b>	04/13/2015	<b>UR Denial Date:</b>	01/07/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/26/2015

### 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, Arizona

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 51-year-old female who reported an injury on 09/22/2014. The mechanism of injury involved repetitive activity. The current diagnoses include right hand sprain, left hand sprain, right wrist sprain, left wrist sprain, left shoulder sprain, right elbow sprain, and left elbow sprain. The injured worker presented on 10/22/2014, with complaints of persistent pain, tingling, swelling, and numbness in the bilateral upper extremities. The injured worker also reported complaints of anxiety and depression due to stress, as well as insomnia and intermittent headaches. Upon examination of the left elbow, there was 140 degree flexion, 0 degree extension, 80 degree pronation and supination, and negative orthopedic testing, 3/5 motor weakness, and tenderness at the lateral epicondyle. Recommendations at that time included a corticosteroid injection for the right elbow and left shoulder. There was no Request for Authorization form submitted for this review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Ultra Sound Guidance Corticosteroid Injection Left Elbow:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints, Chapter 10 Elbow Disorders (Revised 2007), Chapter 11 Forearm, Wrist, and Hand

Complaints Page(s): 204, 208, 265, 268, 602, Chronic Pain Treatment Guidelines Topical analgesics Page(s): 111-113.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 30-33.

**Decision rationale:** The CA MTUS/ACOEM Practice Guidelines state there is good evidence that glucocorticoid injections reduce lateral epicondylar pain. However, there is also good evidence that the recurrence rates are high. If a noninvasive treatment strategy fails to improve the condition over a period of at least 3 to 4 weeks, glucocorticoid injections are recommended. In this case, the provider requested a corticosteroid injection for the right elbow on 10/22/2014. However, the current request is for an ultrasound guided corticosteroid injection for the left elbow. There was no documentation of significant musculoskeletal or neurological deficit upon examination. There was no documentation of a failure of noninvasive treatment. The injured worker was pending authorization for physical therapy and interferential stimulation. Given the above, the request is not medically appropriate at this time.