

Case Number:	CM15-0143470		
Date Assigned:	08/04/2015	Date of Injury:	04/26/2012
Decision Date:	09/01/2015	UR Denial Date:	07/16/2015
Priority:	Standard	Application Received:	07/23/2015

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: 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 35-year-old male with an industrial injury dated 04-26-2012. His diagnoses included neuritis of the arm and limb pain. Prior treatment included elbow injection and medications. He presents on 06-22-2015 with pain in his right elbow. His pain index was 4. Current medications were Ibuprofen and Amitriptyline. Objective findings are not documented. Treatment plan included right elbow injection with steroid and local anesthetic, medications and follow up in 4 months. The treatment request is for right elbow steroid injection with local anesthetic.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right Elbow Steroid Injection with Local Anesthetic: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Elbow Chapter.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): Chapter 10, page 240.

Decision rationale: Guidelines note studies indicate that corticosteroid injections produce short-term pain relief; however, in the long-term, they are less effective with poor outcome and insignificant clinical improvement in providing pain relief and benefit for acute cases of epicondylitis diagnosis compared to the first-line treatment of physical therapy. There are also higher recurrence rates with many patients experiencing a return of symptoms within several months after injection and note repeat injections to be considered on case-by-case basis. Studies indicate the 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. While there is some benefit in short-term relief of pain, patients requiring multiple corticosteroid injections to alleviate pain have a guarded prognosis for continued non-operative management. Additionally, long-term use of corticosteroid injections for tendinopathy may be harmful with some risks of tendon fraying and rupture with moderate evidence of harmful effects from repeated injections. Submitted reports have not demonstrated the indication, ADL limitations or failed conservative treatment to support for this corticosteroid injection outside guidelines criteria. The Right Elbow Steroid Injection with Local Anesthetic is not medically necessary and appropriate.