

Case Number:	CM15-0145239		
Date Assigned:	08/06/2015	Date of Injury:	12/11/2001
Decision Date:	09/08/2015	UR Denial Date:	07/17/2015
Priority:	Standard	Application Received:	07/27/2015

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: 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:

This is a 54 year old female with a December 11, 2001 date of injury. A progress note dated June 15, 2015 documents subjective complaints (pain rated at a level of 4 out of 10; pain in the left and right wrists), objective findings (normal motor testing of the upper extremities; slight atrophy noted on the right; negative radiation testing of the upper extremities), and current diagnoses (upper extremity neuropathy; pain in joint unspecified site; myofascial-fibromyofascial; muscle spasm; chronic pain syndrome; depression with anxiety). Treatments to date have included physical therapy with moderate results, medications, surgeries, and psychotherapy. The treating physician documented a plan of care that included a left lateral elbow injection, and a tennis elbow strap for the left arm.

IMR ISSUES, DECISIONS AND RATIONALES

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

Injection without fluoroscopic guidance for the left lateral 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), Elbow, Injections (corticosteroid).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 4-11. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chapter: Elbow Section: Injections/Corticosteroids.

Decision rationale: The MTUS/ACOEM Guidelines comment on the evaluation of patients with elbow complaints. These guidelines state that as part of the evaluation of a complaint of elbow pain, the clinician should document a history of the complaint and perform a focused physical examination of the elbow in order to help determine the etiology of the patient's condition. A focused history and physical examination should be incorporated as part of the initial assessment of the patient's complaint. The clinician should also assess for the presence of any red flag symptoms which may indicate the presence of a potentially serious underlying conditions. These red flags are described in Table 1 of the MTUS/ACOEM chapter on elbow conditions. In this case, based on the examination that precipitated the request for an injection for the elbow, there is insufficient content in the history describing the nature of the patient's elbow complaint. There is no evidence in the history for any red flag symptom which would warrant further assessment or points to a specific diagnosis of an elbow disorder. Further, there is no documented physical examination of the elbow in the medical records. Finally, there is no diagnosis provided in the records to indicate the need for a corticosteroid injection. The request for a corticosteroid injection into the elbow suggests that the clinician was considering the diagnosis of epicondylitis. The Official Disability Guidelines comment on the use of corticosteroid injections for this condition. These guidelines state the following: Corticosteroid injections are not recommended as a routine intervention for epicondylitis, based on recent research. In the past a single injection was suggested as a possibility for short-term pain relief in cases of severe pain from epicondylitis, but beneficial effects persist only for a short time, and the long-term outcome could be poor. The significant 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. In summary, there is insufficient information in the medical records to support a diagnosis of an elbow disorder that warrants injection into the lateral elbow. Injection into the left lateral elbow is not medically necessary.

Durable medical equipment tennis elbow strap for the left arm: 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), Elbow, Splinting (padding).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 4-11. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chapter: Elbow Section: Tennis Elbow Band.

Decision rationale: The MTUS/ACOEM Guidelines comment on the evaluation of patients with elbow complaints. These guidelines state that as part of the evaluation of a complaint of elbow pain, the clinician should document a history of the patient's symptoms and perform a focused physical examination of the elbow in order to establish the diagnosis. A focused history and physical examination should be incorporated as part of the initial assessment of the patient's complaint. The clinician should also assess for the presence of any red flag symptoms which

may indicate the presence of a potentially serious underlying conditions. These red flags are described in Table 1 of the MTUS/ACOEM chapter on elbow conditions. In this case, based on the examination that precipitated the request for a tennis elbow strap, there is insufficient content in the history describing the nature of the patient's elbow complaint. There is no evidence in the history for any red flag symptom which would warrant further assessment or points to a specific diagnosis of an elbow disorder. Further, there is no documented physical examination of the elbow in the medical records. Finally, there is no diagnosis provided in the records to indicate the need for a tennis elbow strap. Specifically, there is no established diagnosis in support of the medical condition that would warrant the use of a tennis elbow strap (i.e. epicondylitis). The Official Disability Guidelines support the use of a tennis elbow band/strap for the treatment of epicondylitis; however, there must be evidence in the medical records to establish this as the diagnosis. In summary, there is insufficient documentation in the medical records to establish the diagnosis of this patient's elbow complaint and to justify the use of a tennis elbow strap. This device is not considered as medically necessary.