

<b>Case Number:</b>	CM15-0162125		
<b>Date Assigned:</b>	08/28/2015	<b>Date of Injury:</b>	11/21/2012
<b>Decision Date:</b>	09/30/2015	<b>UR Denial Date:</b>	08/10/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/18/2015

### 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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular 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 44 year old male, who sustained an industrial injury on November 21, 2012. The initial symptoms reported by the injured worker are unknown. The injured worker was currently diagnosed as status post right middle finger tenosynovectomy and right medial epicondylitis. Treatment to date has included surgery, injection, spica splint and medication. On January 20, 2015, the injured worker underwent a nerve block to the right ulnar nerve followed by an injection to the right medial flexor origin tendons under ultrasound guided needle placement. This was done with 2 cc of 0.5% Marcaine and 8 cc of whole blood. Currently, the injured worker reported that his right middle finger is doing well post surgery. He complained of right medial elbow pain. The treatment plan included surgery for right medial flexor origin repair with epicondylectomy and medications. A retrospective request was made for an ultrasound guided needle placement-right elbow injection (2 cc of .05% Marcaine and 8 cc of whole blood).

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Right Elbow Injection, 2 cc of 0.05% Marcaine, 8 cc Whole Blood, ultrasound guided needle placement (retrospective DOS 1/20/2015): Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Elbow-Autologous blood injection.

**Decision rationale:** Right Elbow Injection, 2 cc of 0.05% Marcaine, 8 cc Whole Blood, ultrasound guided needle placement (retrospective DOS 1/20/2015) is not medically necessary per the ODG. The MTUS does not address this request. The ODG states that autologous blood injection can be recommended as a single injection as a second-line therapy for chronic lateral epicondylitis after first-line physical therapy such as eccentric loading, stretching and strengthening exercises. Recent studies report good outcomes in small groups of patients who underwent injection of their own blood into the location of lateral epicondylitis. These studies offer encouraging results of an alternative minimally invasive treatment that addresses the pathophysiology of lateral epicondylitis that has failed traditional nonsurgical modalities. (Most nonsurgical treatments for lateral epicondylitis have focused on suppressing an inflammatory process that does not actually exist in conditions of tendinosis.) More investigation is needed before this should be considered a standard treatment. This option is relatively low cost, but it is invasive and may have side effects. The documentation is not clear on what type of therapy the patient has had for the right elbow. Additionally, the ODG states that more research is needed prior to the requested elbow injection becoming a standard of care. The request for a right elbow injection with Marcaine and whole blood is not medically necessary.