

Case Number:	CM15-0197780		
Date Assigned:	10/13/2015	Date of Injury:	08/26/2014
Decision Date:	11/20/2015	UR Denial Date:	09/22/2015
Priority:	Standard	Application Received:	10/08/2015

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: Arizona, 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:

The injured worker is a 44 year old female, who sustained an industrial injury on 08-26-2014. She has reported injury to the neck, left shoulder, and left upper extremity. The diagnoses have included cervical pain-cervicalgia; cervical disc degeneration; and left lateral epicondylitis. Treatment to date has included medications, diagnostics, activity modification, and acupuncture. Medications have included Hydrocodone-Acetaminophen and Motrin. A progress report from the treating physician, dated 08-31-2015, documented an evaluation with the injured worker. The injured worker reported chronic neck and left arm pain; the pain waxes and wanes; the pain is rated at 8 out of 10 in intensity with medications; the pain is rated at 10 out of 10 in intensity without medications; being home resting makes her feel much better; and medication does help. Objective findings included she is in no acute distress; neck is tender; range of motion of the neck is somewhat diminished, pain with extension, lateral bending, and lateral rotation; tenderness to the paraspinal muscles and cervical facet joints; tenderness to the left trapezius and left parascapular region; and tenderness at the left lateral epicondyle which is worsened with wrist extension. The treatment plan has included the request for outpatient left epicondyle injection to be done in office. The original utilization review, dated 09-22-2015, non-certified the request for outpatient left epicondyle injection to be done in office.

IMR ISSUES, DECISIONS AND RATIONALES

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

Outpatient left epicondyle injection to be done in office: 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 Chapter.

MAXIMUS guideline: Decision based on MTUS Elbow Complaints 2007, Section(s): Lateral Epicondylalgia, Medial Epicondylalgia, Summary.

Decision rationale: According to the guidelines, injections are recommended for epicondylalgia. In this case, at the time of the request, the exam for the elbow was not performed to qualify the diagnosis provided of epindylitis. As a result, the injection was not substantiated and not medically necessary.