

Case Number:	CM15-0205133		
Date Assigned:	10/22/2015	Date of Injury:	05/08/2009
Decision Date:	12/08/2015	UR Denial Date:	10/05/2015
Priority:	Standard	Application Received:	10/19/2015

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: Indiana, Michigan, 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 59 year old female who experienced a work related injury on May 8, 2009. Diagnoses include bilateral, lateral epicondylitis and left elbow pain. Treatment has involved physical therapy and medications. Chart review indicates that despite conservative therapy the elbow pain persisted. The request is for a right elbow cortisone injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right elbow cortisone injection: Overturned

Claims Administrator guideline: Decision based on MTUS Elbow Complaints 2007, Section(s): Lateral Epicondylalgia.

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

Decision rationale: MTUS Guidelines are somewhat indeterminate in regards to the efficacy of corticosteroid injections for lateral epicondylitis. Short term pain relief is evident with steroid injections but long term, steroid injections are less effective. There is good evidence that steroid injections reduce lateral epicondylar pain but recurrence rates are high though the pain at the

time of recurrence is not as significant. Conservative therapy is recommended for 4 to 6 weeks before considering injections and there is no evidence on the number of injections for an episode or for a lifetime. In this case, there is documentation of conservative therapy involving medications but persistent pain despite this non-invasive treatment. Accordingly, the request for right elbow cortisone injection is medically necessary and appropriate.