

<b>Case Number:</b>	CM15-0208555		
<b>Date Assigned:</b>	10/27/2015	<b>Date of Injury:</b>	04/29/2015
<b>Decision Date:</b>	12/09/2015	<b>UR Denial Date:</b>	10/08/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/23/2015

### 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: 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 50 year old male, who sustained an industrial injury on 4-29-2015. The injured worker was being treated for bilateral medial epicondylitis, left greater than right lateral epicondylitis, and persistent bilateral elbow pain. The injured worker (4-29-2015) reported no right elbow pain and decreased left elbow pain. The physical exam (4-29-2015) revealed tenderness over the medial and lateral epicondyles of the left elbow, no tenderness over the medial and lateral epicondyles of the right elbow, and full range of motion of the bilateral elbows. The injured worker (8-4-2015) reported ongoing pain of the medial epicondylar regions of the bilateral elbows. The physical exam (8-4-2015) revealed slight discomfort to palpation of the medial and lateral epicondyles of the bilateral elbows. The injured worker (9-15-2015) reported ongoing bilateral elbow pain, left greater than right. The injured worker reported mild relief from prior steroid injections for his lateral epicondylitis. The physical exam (9-15-2015) revealed tenderness over the medial and lateral epicondyles and full range of motion of the left elbow. The treating physician noted the right elbow was non-tender with full range of motion. Diagnostic studies were not included in the provided medical records. Treatment has included physical therapy, acupuncture, occupational therapy, steroid injections, cool and heat therapy, a home exercise program, work modifications, and medications including muscle relaxant and non-steroidal anti-inflammatory. Per the treating physician (9-15-2015 report), the injured worker was returned to modified work with limited pushing, pulling, grasping, and torqueing of the bilateral hands. On 10-1-2015, the requested treatments included ultrasound guided corticosteroid injections at the bilateral elbow. On 10-8-2015, the original utilization review modified a request for ultrasound guided corticosteroid injections at the bilateral elbow.

## **IMR ISSUES, DECISIONS AND RATIONALES**

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

### **Ultrasound Guided Corticosteroid Injections at The Bilateral Elbow: Upheld**

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

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

**Decision rationale:** According to the guidelines, injections are recommended for epicondylitis. However, the procedures do not routinely require ultrasound guidance. In this case, there is no indication for use of ultrasound. In addition, the injections only provide short-term relief. As a result, the request is not medically necessary.