

Case Number:	CM15-0208931		
Date Assigned:	10/27/2015	Date of Injury:	10/17/2014
Decision Date:	12/08/2015	UR Denial Date:	10/09/2015
Priority:	Standard	Application Received:	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: New York, Pennsylvania, Washington
 Certification(s)/Specialty: Internal Medicine, Geriatric 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 53 year old female injured worker suffered an industrial injury on 10-17-2014. The diagnoses included medical epicondylitis. On 9-24-2015 the provider reported left elbow pain rated 8 out of 10 that radiated to the hand. The elbow pain on 6-12-2015 was 5 out of 10. She was using Naproxen, Ultram and Tylenol #3. On exam there was tenderness to the left medial epicondyle with crepitus and edema. The epicondylitis test was positive. Prior treatments included medication. Utilization Review on 10-9-2015 determined non-certification for Depo-Medrol-Lidocaine Injection with ultrasound Guidance-Left Medial Epicondyle.

IMR ISSUES, DECISIONS AND RATIONALES

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

Depo-Medrone/Lidocaine Injection with ultrasound Guidance-Left Medial Epicondyle:
 Upheld

Claims Administrator guideline: Decision based on MTUS Elbow Complaints 2007, Section(s): Medial Epicondylalgia. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

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

Decision rationale: There is good evidence that glucocorticoid injections reduce medial epicondylar pain. However, there is also good evidence that the recurrence rates are high. Quality studies are available on glucocorticoid injections and there is evidence of short-term benefits, but not long-term benefits. In this injured worker, it is documented that medications were trialed but no other physical methods prior to an injection. The rationale for a steroid injection at this point in the medical course is not substantiated nor are the goals for efficacy with regards to pain or function. The medical necessity of Depo-Medrone/Lidocaine Injection with ultrasound Guidance-Left Medial Epicondyle is not substantiated in the records.