

Case Number:	CM15-0029883		
Date Assigned:	02/23/2015	Date of Injury:	06/02/2006
Decision Date:	04/08/2015	UR Denial Date:	02/02/2015
Priority:	Standard	Application Received:	02/18/2015

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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 47-year-old female, who sustained an industrial injury reported on 6/2/2006. She has reported improving right elbow pain, ongoing right knee pain and depression. The diagnoses were noted to have included bilateral lateral epicondylitis right side; medial epicondylitis; and depressive psychosis moderate. Treatments to date have included consultations; diagnostic imaging studies; right elbow surgery; platelet enriched plasma injection to the lateral and medial epicondyle (4/4/14); H-wave unit therapy; and medication management. The work status classification for this injured worker (IW) was noted to be on permanent work restrictions. The follow-up progress notes, dated 1/21/2015, notes her biggest concern was for the right knee pain, and that she experiences continued benefit and relief from the platelet enriched plasma injection of 4/4/14. No right elbow complaints, or negative objective findings were noted regarding the right elbow; aside from tenderness. On 2/2/2015, Utilization Review (UR) non-certified, for medical necessity, the request, made on 1/26/2015, for a right elbow steroid injection under ultrasound guidance. The Medical Treatment Utilization Schedule, American College of Occupational and Environmental Medicine Guidelines, treatment of lateral epicondylitis, Bupivacaine & glucocorticoid injections; and the Official Disability Guidelines, elbow chapter, corticosteroid injections, pain chapter, injection with anesthetic and/or steroids, were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

RIGHT ELBOW STEROID INJECTION UNDER ULTRASOUND GUIDANCE: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 22-23. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Elbow Chapter ODG: Pain Chapter.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 31-32, 241, 235-236. Decision based on Non-MTUS Citation Official disability guidelines Elbow Chapter, Cortisone injection.

Decision rationale: The patient presents with right elbow pain. The request is for STEROID INJECTION UNDER US GUIDANCE. Physical examination on 08/27/14 to the right elbow revealed tenderness to palpation over the right lateral epicondyle. Patient had a PRP injection on 04/04/14 to the medial and lateral epicondyles under ultrasound guidance and utilizes an H-wave unit with benefits. Per 01/21/15 progress report, patient's diagnosis includes bilateral lateral epicondylitis, right sided remarkably improved. Patient's medications per 09/08/14 progress report include Tramadol and Nortriptyline. Patient's work status is permanent restrictions. ACOEM Practice Guidelines, 2nd Edition (Revised 2007), Chapter 10, page 31-32, for Medial Epicondylagia (Medial epicondylitis) states: "Quality studies are available on glucocorticoid injections in chronic medial epicondylagia patients and there is evidence of short-term, but not long-term benefits. This option is invasive, but is low cost and has few side effects." ACOEM guidelines, table 10-6, page 241 states "corticosteroid injections have been shown to be effective, at least in the short term; however, the evidence on long-term effects is mixed, some studies show high recurrence rate among injection groups." (p235,6) ACOEM considers the injections optional treatment (table 10-6, page 241).ODG, Elbow Chapter under Cortisone injection for epicondylar pain states: While there is some benefit in short-term relief of pain, patients requiring multiple corticosteroid injections to alleviate pain have a guarded prognosis for continued nonoperative management. Corticosteroid injection does not provide any long-term clinically significant improvement in the outcome of epicondylitis, and rehabilitation should be the first line of treatment in acute cases, but injections combined with work modification may have benefit. (Assendelft, 1996) Treater has not provided a reason for the request. Patient's diagnosis include bilateral lateral epicondylitis, right sided remarkably improved. In review of the medical records provided, there are no records of a prior steroid injection to the right elbow. ODG and ACOEM do support trial of injections for short term relief. However, the use of ultrasound is not supported by any of the guidelines. The request is not in accordance with the guidelines and therefore, it IS NOT medically necessary.