

<b>Case Number:</b>	CM15-0031856		
<b>Date Assigned:</b>	02/25/2015	<b>Date of Injury:</b>	05/03/2009
<b>Decision Date:</b>	11/25/2015	<b>UR Denial Date:</b>	02/06/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/20/2015

### 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:

This injured worker is a 52-year-old male, who sustained an industrial injury on 05-03-2009. The injured worker was diagnosed as having right elbow pain status post right elbow open lateral epicondylar release, partial lateral epicondylectomy forearm fasciotomy, forearm resection of subcutaneous scarring and fascial scar tissue 04-2010. On medical records dated 01-29-2015, the subjective complaints were noted as right elbow pain. Pain was rated at 7-8 of 10. Objective findings were noted as right elbow 10cm incision, tenderness to palpation over the lateral epicondyle, resistance wrist extension can make the pain worse. Treatments to date included medication, therapy, and modified activities. The injured worker was noted to have good pain relief from radial nerve pain from right elbow radial tunnel block. Epicondyle injection in right elbow was noted on 01-13-2015. Current medications were listed as Rozerem and Gabapentin. The Utilization Review (UR) was dated 02-06-2015. A Request for Authorization was submitted. The UR submitted for this medical review indicated that the request for right elbow injection was non-certified.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 right elbow injection: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** The injured worker has chronic elbow pain for which right ulnar nerve sheath injection has been requested. Submitted reports have not have past failed conservative treatment, significant functional benefit with previous injection performed this year, or rationale and clinical findings for repeating the injection s/p right elbow surgery with lateral epicondylar release, partial lateral epicondylectomy forearm fasciotomy, forearm resection of subcutaneous scarring and fascial scar tissue. Guidelines address injections for epicondylitis and steroid injections for carpal tunnel syndrome, noting recommendation for a single injection as an option in conservative treatment. Corticosteroid injections will likely produce significant short-term benefit, but many patients will experience a recurrence of symptoms within several months after injection and note repeat injections to be considered on case by case basis. Submitted reports have not identified extenuating circumstances or documented functional benefit from previous treatment rendered to support repeating the injection. The 1 right elbow injection is not medically necessary at this time.