

Case Number:	CM15-0035601		
Date Assigned:	03/04/2015	Date of Injury:	04/26/2014
Decision Date:	04/13/2015	UR Denial Date:	02/16/2015
Priority:	Standard	Application Received:	02/25/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 claimant is more than one year status post work-related injury and continues to be treated for chronic right lateral epicondylitis. She was seen by the requesting provider on 02/09/15. She was having ongoing right lateral epicondyle pain despite a second injection. She wanted to try conservative management for as long as possible. Physical examination findings included right lateral epicondyles tenderness and discomfort with resisted supination. Authorization for a third injection was requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

One (1) right lateral epicondyle steroid injection: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 30-33. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Elbow Chapter, Injections.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Elbow (Acute & Chronic) Injections (corticosteroid).

Decision rationale: Guidelines recommend against injections as a routine intervention for epicondylitis. A single injection can be considered a possibility for short term pain relief in cases of severe pain especially when combined with work modification and therapy. Although there may be short-term benefit, there is a high recurrence rate. Patients requiring multiple injections to alleviate pain have a guarded prognosis for continued nonoperative management. In this case, the claimant has already undergone two injections without substantial benefit. Therefore the requested third injection is not medically necessary.