

Case Number:	CM15-0042097		
Date Assigned:	03/12/2015	Date of Injury:	08/16/2011
Decision Date:	04/22/2015	UR Denial Date:	02/25/2015
Priority:	Standard	Application Received:	03/05/2015

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 46-year-old male, who sustained an industrial injury on August 16, 2011. The initial symptoms reported by the injured worker are unknown. The injured worker was diagnosed as having complex regional pain syndrome of bilateral upper extremity, bilateral elbow pain, bilateral wrist pain, bilateral upper extremity repetitive injury and bilateral ulnar neuropathy/neuritis. The injured worker underwent left ulnar transposition revision surgery, bilateral cubital tunnel release and carpal tunnel release. Treatment to date has included surgery and medications. On January 27, 2015, the injured worker complained of pain in the bilateral elbows, wrists, hands and knuckles. The pain was aggravated by lifting, driving and lying down and was relieved by medications. The treatment plan included medications, random urine drug screen and follow-up appointment.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right Lateral Epicondyle Steroid Injection: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disability guidelines Elbow Chapter, Cortisone injection.

Decision rationale: The patient presents with right lateral elbow pain. The request is for RIGHT EPICONDYLE STEROID INJECTION. Patient is status post left ulnar transposition surgery 12/03/14. Physical examination to the right elbow on 02/13/15 revealed tenderness to palpation at the lateral epicondyle. Patient's treatment includes physical therapy. Per 01/27/15 progress report, patient's diagnosis include status post left ulnar transposition revision surgery 12/3/14, complex regional pain syndrome of bilateral upper extremity, bilateral elbow pain, bilateral wrist pain, status post bilateral cubital tunnel release, status post carpal tunnel release, bilateral upper extremity repetitive injury, bilateral ulnar neuropathy/neuritis, asthma, kidney stone, psoriasis, depression and anxiety. Patient's medications, per 01/06/15 progress report include Oxycodone, Oxycontin, Advair, Albuterol, Nasonex, Allegra and Trazodone. Patient is temporarily totally disabled. 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 continues to have right lateral elbow pain and is diagnosed with complex regional pain syndrome of bilateral upper extremity, bilateral elbow pain, and bilateral ulnar neuropathy/neuritis. 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. The request appears to be reasonable and therefore, it IS medically necessary.