

Case Number:	CM15-0045703		
Date Assigned:	03/18/2015	Date of Injury:	10/23/2012
Decision Date:	05/06/2015	UR Denial Date:	02/18/2015
Priority:	Standard	Application Received:	03/10/2015

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: Illinois, California, Texas
 Certification(s)/Specialty: Orthopedic Surgery

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 42-year-old female who sustained an industrial injury on 10/23/12. Injury was reported due to repetitive motion using a computer keyboard and mouse. Past surgical history was positive for right shoulder arthroscopy with glenohumeral debridement, capsular release, and subacromial decompression on 10/15/13. A left lateral epicondyle injection was performed 2/25/14 with short term benefit. The 10/21/14 bilateral upper extremity electrodiagnostic testing impression was mild right carpal tunnel syndrome. The 1/13/15 treating physician report cited continued left elbow pain and constant hand numbness/weakness. Pain patches were helping. Left elbow exam documented functional active range of motion, tenderness to palpation at the medial and lateral epicondyles, pain worse with resistance, positive elbow flexion test, positive Durkin's, and positive Tinel's at the wrist and elbow. The diagnosis was carpal tunnel syndrome, medial and lateral epicondylitis, and ulnar neuritis. The treatment plan recommended medial and lateral epicondyle injections, cock up wrist splint, anti-inflammatory medications, physical therapy, home exercise program, carpal tunnel release, and cubital tunnel release. The 2/3/15 treating physician report cited a chief complaint of elbow pain and hand numbness/weakness. The patient had longstanding left medial and lateral epicondylitis, status post injection yet no physical therapy. She was doing a home exercise program and taking non-steroidal anti-inflammatory drugs. She also had cubital tunnel syndrome and carpal tunnel syndrome with conservative treatment numbness and subjective weakness. The patient was doing right shoulder physical therapy; right shoulder complaints were long resolved. Left elbow exam documented tenderness to palpation at the medial and lateral epicondyle insertions, positive

Tinel's, and positive elbow flexion test. The diagnosis was medial and lateral epicondylitis, carpal tunnel syndrome, ulnar neuritis, cubital tunnel syndrome, and shoulder pain. Authorizations were reported pending. The 2/18/15 utilization review non-certified the request for left lateral elbow injection x 3 outpatient surgery as there was no documentation of lasting improvement from the injection on 2/25/14 and no guideline support for multiple injections.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left lateral elbow injection x 3 outpatient surgery: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Elbow.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 22 and 23. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Elbow: Injections (corticosteroid).

Decision rationale: The California MTUS guidelines stated that there is good evidence that glucocorticoid injections reduce lateral epicondylar pain. There is also good evidence that recurrence rates are high but generally pain is not as severe. Guidelines recommend injection in select cases to help decrease overall pain when a non-invasive treatment strategy fails to improve the condition over a period of at least 3 to 4 weeks. The Official Disability Guidelines state that corticosteroid injections are not recommended as routine intervention for epicondylitis, based on recent research. In the past a single injection was suggested as a possibility for short-term pain relief in cases of severe pain from epicondylitis, but beneficial effects persist only for a short time, and the long-term outcome could be poor. Guideline criteria have not been met for lateral elbow injections. This patient has been diagnosed with medial and lateral epicondylitis. There is documentation of a prior left lateral injection with short term benefit. There is no compelling reason to support the medical necessity of 3 additional injections in the absence of guideline support. Detailed evidence of a recent, reasonable and/or comprehensive non-operative treatment protocol trial (for the left lateral epicondylitis) and failure has not been submitted. The request for outpatient surgery is non-specific and medical necessity cannot be established. Therefore, this request is not medically necessary.

Associated surgical service: Surgical clearance: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Elbow.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Practice advisory for preanesthesia evaluation: an updated report by the American Society of Anesthesiologists Task Force on Preanesthesia Evaluation. Anesthesiology 2012 Mar; 116(3):522-38.

Decision rationale: As the associated surgical request is not supported, this request is not medically necessary.

Associated surgical service: Labs (unspecified) & EKG: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Elbow.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Practice advisory for preanesthesia evaluation: an updated report by the American Society of Anesthesiologists Task Force on Preanesthesia Evaluation. Anesthesiology 2012 Mar; 116(3):522-38.

Decision rationale: As the associated surgical request is not supported, this request is not medically necessary.

Associated surgical service: X-ray (unspecified): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Elbow.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Practice advisory for Preanesthesia evaluation: an updated report by the American Society of Anesthesiologists Task Force on Preanesthesia Evaluation. Anesthesiology 2012 Mar; 116(3):522-38.

Decision rationale: As the surgical request is not supported, this request is not medically necessary.