

Case Number:	CM15-0050592		
Date Assigned:	03/24/2015	Date of Injury:	01/18/2013
Decision Date:	05/01/2015	UR Denial Date:	02/24/2015
Priority:	Standard	Application Received:	03/17/2015

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 injured worker is a 47 year old male, who sustained an industrial injury on January 18, 2013. He reported injury to his right elbow. The injured worker was diagnosed as status post cubital tunnel decompression for cubital tunnel syndrome, right elbow pain and medial epicondylitis with the right elbow. Treatment to date has included surgery, physical therapy and medications. On February 13, 2015, the injured worker complained of right medial elbow pain. He continues to take his Norco medication. Physical examination revealed a well healed incision. There was tenderness along the medial epicondyle. He had pain with wrist and finger flexion against resistance as well as pronation against resistance. He had minimal numbness in the ulnar nerve distribution of the right hand. Right elbow flexion and extension as well as pronation and supination are full with no joint pain. The treatment plan included medications and an injection of Kenalog, Marcaine and Lidocaine to the painful area of the medial epicondyle of the right elbow.

IMR ISSUES, DECISIONS AND RATIONALES

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

Injection of Kenalog/Marcaine/Lidocaine to right elbow: Upheld

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

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: The claimant is more than 2 years status post work-related injury and continues to be treated for right elbow pain. Treatments have included an ulnar nerve transposition following by extensive post-operative physical therapy. When seen by the requesting provider, findings were consistent with medical epicondylitis. Injections for epicondylitis are not recommended as a routine intervention beneficial effects persist only for a short time, and the short term benefits of corticosteroid injection are paradoxically reversed after six weeks, with high recurrence rates. Rehabilitation should be the first line of treatment. In this case, the claimant has not had therapy for this diagnosis. Therefore, the requested injection is not medically necessary.