

<b>Case Number:</b>	CM15-0053366		
<b>Date Assigned:</b>	03/26/2015	<b>Date of Injury:</b>	03/11/2012
<b>Decision Date:</b>	05/01/2015	<b>UR Denial Date:</b>	02/20/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/20/2015

### 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: Emergency Medicine

### 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 53 year old male who sustained an industrial injury on 3/11/12. The mechanism of this injury was not identified. He has had numerous injuries to various body parts from the 1990's to present while employed as a fire fighter. He currently complains of headaches, neck pain with radiation to right and left elbows, tingling and numbness in all ten fingers and weakness in both arms. In addition he complained of right and left shoulder pain, right and left elbow pain, right and left hand/ wrist pain, right and left hip pain, right and left knee pain. Medications related to injuries include Tylenol and Lyrica. Diagnoses include right knee open meniscus surgery (1976, 1978; right knee anterior cruciate ligament reconstruction using a patellar tendon bone graft (1993); removal of loose body left knee (1980's); right total hip replacement (2/14); left total hip replacement (2/13); left carpal tunnel release (8/6/13); right carpal tunnel release (10/1/13); cervical spondylosis; cervical herniated disc; status post anterior cervical discectomy and fusion at C5-6 and C6-7 (4/23/05); status post anterior cervical fusion and posterior instrumented cervical fusion (7/10/96); status post two right shoulder arthroscopic surgeries for bicep tendon tear (2005); left shoulder sprain; right and left elbow tendinitis; chronic right and left knee sprain; childhood asthma; obesity; pulmonary embolism. Treatments to date included physical therapy, chiropractic therapy, medications, surgery. Diagnostics include MRI of the neck (5/10/12) and electromyography/ nerve conduction studies (2010). There was no progress note for review requesting small joint injection with sedation for bilateral medial epicondylitis or pre-operative medical clearance.

## IMR ISSUES, DECISIONS AND RATIONALES

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

### **Bilateral Medial Epicondylitis - Small Joint Injections with Sedation: 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 Chapter, Injections (corticosteroid).

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

**Decision rationale:** The requested Bilateral Medial Epicondylitis - Small Joint Injections with Sedation, is not medically necessary. CAMTUS is silent. Official Disability Guidelines, Elbow, Injections (corticosteroid), note "Not recommended as a 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." The injured worker has headaches, neck pain with radiation to right and left elbows, tingling and numbness in all ten fingers and weakness in both arms. In addition he complained of right and left shoulder pain, right and left elbow pain, right and left hand/ wrist pain, right and left hip pain, right and left knee pain. The treating physician has not documented medical necessity for these injections as an outlier to referenced guideline negative recommendations. The criteria noted above not having been met, Bilateral Medial Epicondylitis - Small Joint Injections with Sedation is not medically necessary.

### **Pre-op medical clearance: EKG, Chest X-ray, Labs (CBC, CMP, UA, PTT, PT, TSH): 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 <http://www.brighamandwomens.org/gms/Medical/preopprotocols.aspx>.

**Decision rationale:** The requested Pre-op medical clearance: EKG, Chest X-ray, Labs (CBC, CMP, UA, PTT, PT, TSH), is not medically necessary. American College of Occupational and Environmental Medicine (ACOEM) Occupational Medicine Practice Guidelines, APG I Plus, 2009 and ODG -TWC; ODG Treatment; Integrated Treatment/Disability Duration Guidelines are silent regarding this request. <http://www.brighamandwomens.org/gms/Medical/preopprotocols.aspx>, "Patients greater than age 40 require a CBC; males require an ECG if greater than age 40 and females if greater than age 50; this is for any type of surgery. b. Patients having major neurosurgical, abdominal, orthopedic, thoracic, cardiac, or vascular surgery usually require an ECG, CXR, lytes, bun, creatinine, LFT's, and PT/PTT. Refer to the preoperative form for lab testing indications for less major procedures.

c. Patients having artificial material inserted (e.g. joint replacements) require a urine analysis and culture, d. Patients less than age 40 who are not in categories b or c do not require laboratory testing." The injured worker has headaches, neck pain with radiation to right and left elbows, tingling and numbness in all ten fingers and weakness in both arms. In addition he complained of right and left shoulder pain, right and left elbow pain, right and left hand/ wrist pain, right and left hip pain, right and left knee pain. The treating physician has not documented medical necessity for pre-op clearance not sufficient co-morbid medical conditions. The criteria noted above not having been met, Pre-op medical clearance: EKG, Chest X-ray, Labs (CBC, CMP, UA, PTT, PT, TSH) is not medically necessary.