

Case Number:	CM15-0061359		
Date Assigned:	04/07/2015	Date of Injury:	12/22/2001
Decision Date:	05/07/2015	UR Denial Date:	03/27/2015
Priority:	Standard	Application Received:	04/01/2015

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: New York, Pennsylvania, Washington
 Certification(s)/Specialty: Internal Medicine, Geriatric 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 51 year old male, who sustained an industrial injury on 12/22/2001. He has reported subsequent left upper extremity, back and neck pain and was diagnosed with left radial head osteoarthritis, lateral epicondylitis, myofascial pain syndrome and lumbar facet syndrome. Treatment to date has included oral and topical pain medication, TENS unit, lumbar epidural steroid injection, physical therapy and a home exercise program. In a progress note dated 03/19/2015, the injured worker complained of right sided neck pain, right lower back pain and left elbow pain. Objective findings were notable for radiocapitellar crepitation and discomfort of the left elbow, discomfort along the olecranon, mild tenderness of the radial head and lateral epicondyle, diffuse tenderness and pain with range of motion of the lumbar spine and midline tenderness at the vertebral prominence of the cervical spine. A request for authorization of left elbow steroid with Kenalog, Lidocaine and Marcaine under ultrasound guidance and 12 physical therapy sessions for cervicalgia to increase traction and flexibility was made.

IMR ISSUES, DECISIONS AND RATIONALES

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

One (1) left elbow steroid with kenalog, lidocaine and marcaine under ultrasound guidance: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 25. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Elbow (Acute & Chronic).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 22-24.

Decision rationale: Per the ACOEM, there is good evidence that glucocorticoid injections reduce lateral epicondylar pain. However, there is also good evidence that the recurrence rates are high. There is support for utilizing corticosteroid injections in select cases to help decrease overall pain problems during the disorders natural recovery or improvement phase if a non-invasive treatment strategy fails to improve the condition over a period of at least 3-4 weeks. The MD visit of 3/15 documents left radial head osteoarthritis but does not document that the disorder is in the recovery or improvement phase nor non-invasive treatment strategy failure. The medical necessity for one (1) left elbow steroid with kenalog, lidocaine and marcaine under ultrasound guidance is not substantiated in the records.

Twelve (12) physical therapy sessions: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26 Page(s): 98-99.

Decision rationale: Physical Medicine Guidelines allow for fading of treatment frequency from up to 3 visits per week to 1 or less, plus active self-directed home physical medicine. In this injured worker, physical therapy has already been used as a modality and a self-directed home program should be in place. The records do not support the medical necessity for additional physical therapy visits in this individual with chronic pain.