MAXIMUS Federal Services

| Case Number: | CM15-0084577 | | |
|---|---|---|---|
| Date Assigned: | 05/06/2015 | Date of Injury: | 11/06/1997 |
| Decision Date: | 06/05/2015 | UR Denial Date: | 04/09/2015 |
| Priority: | Standard | Application Received: | 05/04/2015 |

## 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: Florida
Certification(s)/Specialty: Family Practice

## 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 56 year old female who sustained an industrial injury on 11/6/97. The injured worker was diagnosed as having bilateral carpal tunnel syndrome status post bilateral carpal tunnel release surgery, bilateral De Quervain's tendinitis, chronic cervicalgia with history of cervical disc herniation, cervical radiculitis, chronic pain syndrome, chronic reactive clinical depression from chronic pain, bilateral shoulder degenerative joint disease and right lateral epicondylitis with recent flare-up. Currently, the injured worker was with complaints of pain in the neck and upper extremities. Previous treatments included status post bilateral carpal tunnel release surgery, oral pain medication, and oral muscle relaxants. Previous diagnostic studies were not noted in the documentation provided. The injured workers pain level was noted as 5/10. Physical examination was notable for tenderness upon palpation of the cervical spine and bilateral shoulders with limited range of motion noted in the right lateral epicondylar region as well as tenderness. The plan of care was for an injection.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Right lateral epicondylar injection:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 22-24. Decision based on Non-MTUS Citation Official

Disability Guidelines (ODG)- TWC Elbow Procedure Summary Online Version last updated 02/27/2015.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Summary of Recommendations for Evaluating and Managing Elbow Complaints Page(s): 41.

**Decision rationale:** MTUS guidelines state regarding epicondylar injections, "Local corticosteroid injections for medial and lateral epicondylalgia have evidence of short term efficacy while simultaneously having no demonstrated long-term efficacy should only be considered after 3-4 weeks of conservative treatment has failed." This patient has been symptomatic for longer than 3-4 week, and has failed conservative treatment measures (including oral pain medications and muscle relaxants.) There is nothing prohibitory in MTUS guidelines to deny this patient her right lateral epicondylar injection. Likewise, this request is medically necessary.