

Case Number:	CM14-0117390		
Date Assigned:	08/04/2014	Date of Injury:	08/17/2011
Decision Date:	09/29/2014	UR Denial Date:	07/01/2014
Priority:	Standard	Application Received:	07/24/2014

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. The expert reviewer is Board Certified in Occupational Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 50-year-old female with an 8/17/11 date of injury; the mechanism of the injury was not described. The patient underwent transposition of the extensor carpi radialis on 1/9/13. The patient was seen on 02/27/14 for the follow up visit. She reported slight improvement in the wrist pain with use of the right upper limb and reported intolerable somnolence with gabapentin. Exam findings revealed normal gait pattern, blood pressure 154/102 and pulse 93. The patient rated her pain 6/10. The reviewer's note dated 7/1/14 indicated that the patient was seen on 6/11/14 with complaints of constant pain over the right dorsal medial wrist and the pain in the lateral and posterior aspect of the right elbow. The physical examination revealed good range of motion in the right upper extremity and pain in the right wrist and right elbow with the movement. The patient had tenderness to palpation in the lateral epicondylar region of the right elbow and tenderness in the ulnar styloid region of the right wrist. The patient was using Voltaren gel and Celebrex. The diagnosis is right lateral epicondylitis and right triangular fibrocartilage complex inflammation. Treatment to date: work restrictions, medications. An adverse determination was received on 7/1/14 given that the request was not supported by the guidelines at that time.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right lateral epicondylar steroid injection: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007). 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): 33-40. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Elbow Chapter.

Decision rationale: CA MTUS states that there is good evidence that glucocorticoid injections reduce lateral epicondylar pain. However, there is also good evidence that the recurrence rates are high. ODG recommends a single injection 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. There is a lack of documentation indicating that the patient tried and failed all available forms of the conservative therapy. There is no rationale with regards to the epicondylar steroid injection and it is not clear what goals were expected with the treatment. Therefore, the request for right lateral epicondylar steroid injection was not medically necessary.