

Case Number:	CM14-0132564		
Date Assigned:	08/22/2014	Date of Injury:	05/23/2013
Decision Date:	09/24/2014	UR Denial Date:	07/22/2014
Priority:	Standard	Application Received:	08/19/2014

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 Physical Medicine and Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in Ohio and Texas. 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:

The injured worker is a 47 year-old female who reported an injury on 05/23/2013. The mechanism of injury was not provided. The injured worker was diagnosed with lateral epicondylitis of the right elbow. Past treatments included pain medications, physical therapy, acupuncture, and an injection, which provided the injured worker considerable relief for a limited amount of time. Diagnostic studies included an EMG/NCV of the right extremity with normal findings. The clinical note dated 07/16/2014 noted the injured worker complained of intermittent pain rated 6/10 in the right elbow. Upon physical examination the injured worker had full range of motion at the right elbow, wrist, and digits. There was a positive wrist and middle finger resistance test, and there was tenderness at the supinator with weakness. In addition, there was tenderness at the lateral and medial epicondyle, and a negative Tinel's test. Medications included Voltaren gel and Ibuprofen. The treatment plan was for an ultrasound-guided injection of Lidocaine and Betamethasone to the right elbow. The physician also recommended continuation of pain medication, and tenex percutaneous surgery if the injured worker did not get permanent benefit from the repeat injection. The rationale for the request was not provided. The request for authorization form was submitted and signed on 07/17/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultrasound-Guided Injection (Lidocaine and Betamethasone) of the right elbow: 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), Work Loss Data Institute, Section: Elbow.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 33-40.

Decision rationale: The request for an ultrasound-guided injection of Lidocaine and Betamethasone of the right elbow is not medically necessary. The injured worker has a history of chronic right elbow pain. The California MTUS/ACOEM guidelines state corticosteroid injections are recommended if a non-invasive treatment strategy fails to improve the condition over a period of at least 3-4 weeks. There is good evidence that Glucocorticoid injections reduce lateral epicondylar pain. The documentation indicates the injured worker previously underwent an injection to the elbow; however, the documentation did not indicate the type of injection or whether it was effective in decreasing the injured worker's pain and increasing her function. As such, the request is not medically necessary.