MAXIMUS Federal Services

Case Number:	CM14-0160854		
Date Assigned:	10/06/2014	Date of Injury:	04/01/2009
Decision Date:	10/31/2014	UR Denial Date:	09/18/2014
Priority:	Standard	Application Received:	09/30/2014

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 Pain Management 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:

The injured worker is a 48-year-old female who suffered work-related injuries on April 1, 2009. As per progress report dated March 19, 2014, she is diagnosed with: (a) bicipital tendinitis of the bilateral shoulders; (b) lateral epicondylitis of the bilateral elbows; (c) carpal tunnel syndrome of the bilateral wrists; and (d) right thumb de Quervain's. Electrodiagnostic consultation report dated May 29, 2014 noted the injured worker's complaints of sharp aching pain the bilateral arms, wrists and hands. She also reported numbness, tingling and weakness. Diagnostic studies performed on the same date demonstrated normal nerve conduction study and electromyogram findings in the bilateral upper extremities. Progress report dated September 11, 2014 noted continued complaints of pain in the shoulders and lateral elbows as well as wrists. She is working full duty. Bilateral elbow physical exam findings were significant pain for reports of pain over the right lateral epicondyle described as moderate, burning, and constant. Otherwise, bilateral elbow examination showed no tenderness, normal strength and tone, normal ranges of motion, normal reflexes, and no crepitus. Cortisone injections for the bilateral elbows were requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cortisone injection to right lateral epicondyle, QTY: 1: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 22-23. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Elbow Chapter, Injections (corticosteroid)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 35,41. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Elbow (Acute & Chronic), Injections (corticosteroid)

Decision rationale: The American College of Occupational and Environmental Medicine Guidelines and Official Disability Guidelines state that there is good evidence glucocorticosteroid injections provide relief in cases of severe pain from epicondylitis. However, beneficial effects persist only for a short time, and long-term outcomes can be poor. In this injured worker's case, there is no significant clinical evidence in the medical records that warrant the need for invasive form of treatment. Review of progress report dated March 19, 2014 indicates the injured worker received a prior cortisone injection in the right elbow on November 2013 but this is not enough basis to warrant the need for further injections. Therefore it can be concluded that the medical necessity of cortisone injections to the right lateral epicondylitis quantity one is not medically necessary.

Cortisone injection to left lateral epicondyle, QTY: 1: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 22-23. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Elbow Chapter, Injections (corticosteroid)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 35,41. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Elbow (Acute & Chronic), Injections (corticosteroid)

Decision rationale: The American College of Occupational and Environmental Medicine Guidelines and Official Disability Guideline state that there is good evidence glucocorticosteroid injections provide relief in cases of severe pain from epicondylitis. However, beneficial effects persist only for a short time, and long-term outcomes can be poor. In this injured worker's case, there is no significant clinical evidence in the medical records that warrant the need for invasive form of treatment. Review of progress report dated March 19, 2014 indicates the injured worker received a prior cortisone injection in the right elbow on November 2013 but this is not enough basis to warrant the need for further injections. Therefore it can be concluded that the medical necessity of cortisone injections to the left lateral epicondylitis quantity one is not medically necessary.