

Case Number:	CM14-0161412		
Date Assigned:	10/06/2014	Date of Injury:	11/07/2012
Decision Date:	10/30/2014	UR Denial Date:	09/11/2014
Priority:	Standard	Application Received:	10/01/2014

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 & Rehabilitation 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:

According to the records made available for review, this is a 63-year-old female with a 11/7/12 date of injury. At the time (9/3/14) of request for authorization for ulnohumeral joint injection with ultrasound guidance, there is documentation of subjective (left hand and arm pain) and objective (tenderness to palpation over mediolateral ulnohumeral joint and left upper extremity motor strength of 4/5) findings, current diagnoses (left small finger flexor tenosynovitis, left ulnohumeral pain, left hand osteoarthritis, and left mild epicondylitis), and treatment to date (previous elbow injection, physical therapy and medications). There is no documentation of severe pain; and functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of previous elbow injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ulnohumeral joint injection with ultrasound guidance: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Management of Elbow Osteoarthritis Gregory D. Gramstad, MD, Lccsa M. Galatz, MD. J Bone Joint Surg Am, 2006 Feb; 88(2);421-430.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Elbow, Injections (Corticosteroid)

Decision rationale: MTUS does not address this issue. ODG identifies documentation of severe pain from epicondylitis, as criteria necessary to support the medical necessity of corticosteroid injections. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. Within the medical information available for review, there is documentation of diagnoses of left small finger flexor tenosynovitis, left ulnohumeral pain, left hand osteoarthritis, and left mild epicondylitis. However, despite documentation of pain, there is no documentation of severe pain. In addition, despite documentation of previous elbow injection, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of previous elbow injection. Therefore, based on guidelines and a review of the evidence, the request for ulnohumeral joint injection with ultrasound guidance is not medically necessary.