

Case Number:	CM14-0171324		
Date Assigned:	10/23/2014	Date of Injury:	02/15/2014
Decision Date:	11/25/2014	UR Denial Date:	09/12/2014
Priority:	Standard	Application Received:	10/16/2014

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 Orthopedic Surgery 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 53 year old female with a 2/15/14 injury date. In a mostly illegible handwritten 9/2/14 follow-up, subjective complaints included left elbow and left shoulder pain. Objective findings included left shoulder tenderness, left elbow tenderness, painful left elbow range of motion, intact sensation, and 4/5 strength. The plan was for a cortisone injection and strap for lateral epicondylitis. Diagnostic impression: epicondylitis. Treatment to date: shoulder surgery, medications. A UR decision on 9/12/14 denied the request for left elbow cortisone injection on the basis that medical guidelines do not recommend cortisone injections for the routine treatment of epicondylitis. The requests for lidocaine, triamcinolone, and ultrasound guidance were denied because the injection procedure was not certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cortisone injection left elbow, QTY: 1: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Elbow (Acute & Chronic), Injections (Corticosteroid)

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

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. Official Disability Guidelines (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. However, in this case there is insufficient legible documentation to support a diagnosis of lateral epicondylitis. Therefore, the request for Cortisone injection left elbow, QTY: 1 is not medically necessary.

Injection, lidocaine HCL for intravenous infusion, 10mg QTY:1: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Elbow (Acute & Chronic), injections

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: FDA--Lidocaine.

Decision rationale: CA MTUS and Official Disability Guidelines (ODG) do not address this issue. The FDA states that Lidocaine Hydrochloride Injection, USP is indicated for production of local or regional anesthesia by infiltration techniques such as percutaneous injection and intravenous regional anesthesia by peripheral nerve block techniques such as brachial plexus and intercostal and by central neural techniques such as lumbar and caudal epidural blocks, when the accepted procedures for these techniques as described in standard textbooks are observed. However, this request cannot be certified because the associated injection procedure was not certified. Therefore, the request for Injection, lidocaine HCL for intravenous infusion, 10mg QTY:1 is not medically necessary.

injection, triamcinolone acetonide, 10mg QTY:1: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Elbow (Acute & Chronic), injections

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: FDA--Kenalog.

Decision rationale: CA MTUS and Official Disability Guidelines (ODG) do not address this issue. The FDA states that triamcinolone is indicated for intra-articular or soft tissue administration as adjunctive therapy for short-term administration in acute gouty arthritis, acute and subacute bursitis, acute nonspecific tenosynovitis, epicondylitis, rheumatoid arthritis, synovitis, or osteoarthritis. However, this request cannot be certified because the associated injection procedure was not certified. Therefore, the request for injection, triamcinolone acetonide, 10mg QTY:1 is not medically necessary.

Ultrasound guidance for needle placement QTY: 1: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Elbow (Acute & Chronic), injections

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Royall NA, Farrin E, Bahner DP, Stawicki S. Ultrasound-assisted musculoskeletal procedures: a practical overview of current literature. World J Orthop. 2011 July 18; 2(7): 57-66.

Decision rationale: CA MTUS and Official Disability Guidelines (ODG) do not address this issue. An article by Royall NA et al found that there is good evidence to support the use of ultrasound-guidance in a variety of applications that included tendon injections around the elbow. However, this request cannot be certified because the associated injection procedure was not certified. Therefore, the request for ultrasound guidance for needle placement QTY:1 is not medically necessary.