

Case Number:	CM14-0051753		
Date Assigned:	06/23/2014	Date of Injury:	10/01/2012
Decision Date:	02/18/2015	UR Denial Date:	03/05/2014
Priority:	Standard	Application Received:	03/21/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: California, Florida, Texas
 Certification(s)/Specialty: Internal Medicine, Occupational Medicine

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 59-year-old male with a 10/1/12 date of injury. At the time (2/10/14) of request for authorization for cortisone injection to left lateral epicondyle area, there is documentation of subjective (ongoing left lateral elbow pain and pain in the proximal upper arm to the left lateral shoulder rated as a 5-6 out of 10) and objective (decreased elbow extension, tenderness to palpation over the left lateral epicondyle with trigger point of the wrist extensor muscles with taut band and twitch response, mild tenderness of the medial epicondyle, increased left lateral elbow pain with forced wrist extension, and positive impingement test of the left shoulder) findings, current diagnoses (left lateral and medial epicondylitis, myalgia and myositis, and left shoulder sprain), and treatment to date (physical therapy, cortisone injection to the left lateral epicondyle about one year ago with significant relief for a few months, and ongoing therapy with Naproxen and Tramadol). Medical report identifies a request for repeat cortisone injection to the left lateral epicondyle. There is no documentation of objective improvement or utilization of a different technique or location for the injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cortisone injection to left lateral epicondyle area: 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), Elbow Chapter

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 23.

Decision rationale: MTUS reference to ACOEM guidelines identifies documentation of conservative measures (i.e., NSAIDs, orthotics, and other non-interventional measures) for four to six weeks, as criteria necessary to support the medical necessity of local anesthetic and corticosteroid injections for epicondylitis. In addition, MTUS reference to ACOEM identifies documentation of objective improvement or utilization of a different technique or location for the injection(s) as criteria necessary to support the medical necessity of subsequent injections. Within the medical information available for review, there is documentation of diagnoses of left lateral and medial epicondylitis. In addition, there is documentation of a previous cortisone injection to the left elbow about one year ago with a request for repeat cortisone injection to the left lateral epicondyle. Furthermore, there is documentation of conservative measures (medications and physical modalities) for four to six weeks. However, despite documentation of significant relief for a few months following previous injection, there is no (clear) documentation of objective improvement or utilization of a different technique or location for the injection. Therefore, based on guidelines and a review of the evidence, the request for cortisone injection to left lateral epicondyle area is not medically necessary.