

Case Number:	CM15-0003888		
Date Assigned:	01/16/2015	Date of Injury:	01/25/2009
Decision Date:	03/10/2015	UR Denial Date:	12/15/2014
Priority:	Standard	Application Received:	01/08/2015

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: New York, New Hampshire, Washington
 Certification(s)/Specialty: Orthopedic Surgery

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 50 year old female who sustained an industrial injury on 01/25/2009. The injured worker has neck, right shoulder right hand, right hip, right knee and now left knee pain. Diagnoses include right carpal tunnel syndrome, rule out left cubital tunnel with lateral epicondylitis. Treatment has included medications, home exercise program, trigger point injections, selective nerve root blocks, hinged knee brace, and facet blocks as needed. A physician note dated 11/12/2014 documents the injured worker's left lateral epicondylar region feel sore. She has had anterior locking of the right hip with popping and it remains painful. Her right knee pops remaining more uncomfortable laterally unchanged. The left elbow is moderately tender over the left lateral epicondyle with normal stability and range of motion. She has a grossly positive Tinel's of the left ulnar nerve at the elbow with moderate constant paresthesias 4th and 5th fingers now showing mild atrophy of the 5th abductor. The right knee has slight tenderness of the lower patella and anterolateral joint line with slight effusion of the anterolateral portal and 1-110 degrees of movement. The left knee has lateral ecchymosis with normal stability and moderated medial and lateral joint line and minimal lateral facet tenderness as well as along the patellar tendon with 0-100 degrees of movement and negative McMurry's. The treating provider is requesting cortisone injection to the right knee, and repeat injection to the left lateral epicondyle. On 12/15/2014 the Utilization Review non-certified the request for a cortisone injection to the right knee was not certified due to no clinical information was provided regarding a right knee injection on 3/3/2014 and thus medical necessity of the injection cannot be established. Utilization Review non-certified the request for the repeat injection to the left lateral

epicondyle, citing California Medical Treatment Utilization Schedule (MTUS), American College of Occupational and Environmental Medicine(ACOEM)-elbow Disorders, and Official disability Guidelines-Elbow-Injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

Repeat injection to the left lateral epicondyle: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007). Decision based on Non-MTUS Citation ODG Elbow- Injections (corticosteroid)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 270-278.

Decision rationale: This patient has chronic elbow pain. There is tenderness to the left lateral epicondyle. The patient had previous elbow injection. The results are not documented. Medical need for a second injection not met. MTUS criteria for injection not met. There is no documented improvement with previous injection therapy.

Cortisone injection to the right knee: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 337-340.

Decision rationale: The patient does not meet MTUS criteria for repeat knee injection. There is no documentation of the response to the previous knee injection. MTUS criteria not met. The patient has chronic knee pain. Another injection not supported clinically by medical records s there was no documented improvement from the last one.