

Case Number:	CM15-0014578		
Date Assigned:	02/02/2015	Date of Injury:	04/19/2004
Decision Date:	03/30/2015	UR Denial Date:	12/30/2014
Priority:	Standard	Application Received:	01/26/2015

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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 46-year-old female who reported an injury on 04/19/2004 due to an unknown mechanism of injury. The injured worker reportedly sustained an injury to her right elbow that ultimately resulted in a diagnosis of complex regional pain syndrome. The injured worker was evaluated on 12/17/2014. Physical examination findings included tenderness to palpation at the lateral epicondyle with decreased motor testing rated at 4/5 in all muscle groups. The injured worker treatment plan included a lateral epicondyle injection to assist with the patient's flexion deformity of her index finger and ring fingers. This request was previously reviewed and received an adverse determination due to a lack of objective physical examination findings to support the request. A Request for Authorization form was submitted on 12/17/2014 to support the request.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right lateral epicondyle injection: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 593, 594,,Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 33-40.

Decision rationale: The requested right lateral epicondyle injection is medically necessary and appropriate. The American College of Occupational and Environmental Medicine do recommend a corticosteroid injection to assist with pain relief and restoration of function for epicondylitis. The injured worker does have tenderness to palpation of the lateral epicondyle and decreased motor strength in the right upper extremity. Therefore, an injection would be supported in this clinical situation. As such, the requested right lateral epicondyle injection is medically necessary and appropriate.

■■■■■ **therapeutic band:** Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 595.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 33-40.

Decision rationale: The requested ■■■■■ therapeutic band is medically necessary and appropriate. The American College of Occupational and Environmental Medicine do recommend do recommend bracing as a conservative treatment for the diagnosis of epicondylitis. The clinical documentation does not indicate that the intervention has been attempted to assist with pain control and functional restoration. The injured worker does have tenderness to palpation of the lateral epicondyle and decreased motor strength in the right upper extremity. As such, the requested ■■■■■ therapeutic band is medically necessary and appropriate.