

Case Number:	CM15-0112084		
Date Assigned:	06/18/2015	Date of Injury:	09/06/1996
Decision Date:	07/17/2015	UR Denial Date:	06/01/2015
Priority:	Standard	Application Received:	06/10/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 50-year-old female injured worker suffered an industrial injury on 09/06/1996. The diagnoses included left elbow epicondylitis. The diagnostics included left elbow x-rays. The injured worker had been treated with cortisone injections and medications. On 4/30/2015, the treating provider reported continued pain and restricted daily activities. On exam, there was tenderness to the left elbow with hypoesthesia in the ring and little finger. The treatment plan included Cortisone Injection left elbow.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cortisone Injection left elbow with ultrasound and fluoroscopy guidance: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Elbow Chapter- Injections.

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

Decision rationale: The claimant has a remote history of a work injury occurring in September 1996. She continues to be treated for left elbow pain with a diagnosis of epicondylitis. When seen, there had been no improvement with medications were three prior corticosteroid injections. The last injection was performed six months before the evaluation. There was medial and lateral elbow tenderness. There was decreased fourth and fifth finger sensation. Observation for an elbow injection with use of both ultrasound and fluoroscopy was requested. Guidelines recommend against injections as a routine intervention for epicondylitis. A single injection can be considered a possibility for short-term pain relief in cases of severe pain especially when combined with work modification and therapy. Although there may be short-term benefit, there is a high recurrence rate. Patients requiring multiple injections to alleviate pain have a guarded prognosis for continued non-operative management. In this case, the claimant has already undergone three injections without sustained benefit. The requested fourth injection is not medically necessary.