

Case Number:	CM15-0113437		
Date Assigned:	06/19/2015	Date of Injury:	03/27/2013
Decision Date:	07/28/2015	UR Denial Date:	05/18/2015
Priority:	Standard	Application Received:	06/12/2015

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: Pennsylvania, Ohio, 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 67 year old male who sustained an industrial injury on March 27, 2013. He has reported pain in the shoulder and has been diagnosed with pain in the shoulder-status post left shoulder arthroscopy with RCR, decompression and biceps tenotomy. Treatment has included medications, physical therapy, and medical imaging. There was normal muscle tone without atrophy in bilateral upper extremity. The treatment request included a left medial epicondyle cortisone injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left medial epicondyla cortisone injection under ultrasound guidance: Overturned

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 600.

Decision rationale: An initial physician review concluded that this patient did not have sufficient conservative treatment to support a steroid injection. However the records clearly

document extensive past treatment with medication and physical therapy. Moreover, ACOEM specifically discusses a steroid injection for medical epicondylitis as being low cost and with few side effects and with evidence of at least short-term benefits. This request is medically necessary.