

<b>Case Number:</b>	CM15-0123852		
<b>Date Assigned:</b>	07/08/2015	<b>Date of Injury:</b>	07/30/2010
<b>Decision Date:</b>	08/04/2015	<b>UR Denial Date:</b>	06/22/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/26/2015

### 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 54 year old female, who sustained an industrial injury on 7/30/10. The injured worker was diagnosed as having bilateral elbow medial/lateral epicondylitis. Treatment to date has included bilateral carpal tunnel and de Quervain's releases, chiropractic therapy, a home exercise program, and medication including Tramadol. Physical examination findings on 4/17/15 included a positive Tinel's sign over the left elbow. Cozen's test was positive and decreased sensation was noted along the ulnar nerve. Pain was rated as 5/10. Currently, the injured worker complains of tenderness over the left arm and medial and lateral epicondyle. The treating physician requested authorization for bilateral injections at the lateral epicondyle under ultrasound guidance.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Bilateral Injection at The Lateral Epicondyle under Ultrasound Guidance: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 26.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): Chapter 10: Elbow Complaints, Corticosteroid Injections, pages 22-24.

**Decision rationale:** Guidelines for Elbow Complaints in regards to corticosteroid injections have no recommendation that require ultrasound-guided injection of the elbow commonly done by clinical exam. Although studies indicate that corticosteroid injections produce short-term pain relief; however, in the long-term, they are less effective with poor outcome and insignificant clinical improvement in providing pain relief and benefit for acute cases of epicondylitis diagnosis compared to the first-line treatment of physical therapy. There are also higher recurrence rates with many patients experiencing a return of symptoms within several months after injection and note repeat injections to be considered on case by case basis. Studies indicate the short-term benefits of corticosteroid injection are paradoxically reversed after six weeks, with high recurrence rates, implying that this treatment should be used with caution in the management of tennis elbow. While there is some benefit in short-term relief of pain, patients requiring multiple corticosteroid injections to alleviate pain have a guarded prognosis for continued non-operative management. Additionally, long-term use of corticosteroid injections for tendinopathy may be harmful with some risks of tendon fraying and rupture with moderate evidence of harmful effects from repeated injections. Submitted reports have not demonstrated the indication, ADL limitations or failed conservative treatment to support for this corticosteroid injection outside guidelines criteria. The Bilateral Injection at The Lateral Epicondyle under Ultrasound Guidance is not medically necessary and appropriate.