

Case Number:	CM15-0126585		
Date Assigned:	07/13/2015	Date of Injury:	10/14/2003
Decision Date:	08/06/2015	UR Denial Date:	06/12/2015
Priority:	Standard	Application Received:	06/30/2015

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, Indiana, New York
Certification(s)/Specialty: Internal Medicine

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 59-year-old female who sustained an industrial injury on 10/14/03. Primary treating physician's progress report dated 6/3/15 reports less pain in shoulders with improved range of motion. Severe pain has developed in the left lateral epicondylar region (elbow). The right elbow remains mostly symptom free after injections. Diagnoses include: impingement syndrome shoulder, bilateral and epicondylitis lateral tennis elbow, bilateral. Plan of care includes: request authorization for a corticosteroid injection using celestone Soluspan 6 mg in the left elbow, re-prescribed ibuprofen 800 mg and omeprazole. Work status is unchanged with permanent restrictions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Corticosteroid Injection to the left elbow using Celestone Soluspan 6mg/ml: Upheld

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

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

Decision rationale: Pursuant to the Official Disability Guidelines, corticosteroid injection to the left elbow using Celestone Soluspan 6mg/ml is not medically necessary. Injections are not recommended as a routine intervention for epicondylitis. Beneficial effects persist only for short time and the long-term outcome could be poor. Significant short-term benefits of corticosteroid injection are paradoxically reversed after six weeks, with high recurrence rates implying treatment should be used with caution in the management of tennis elbow. In this case, the injured worker's working diagnoses are bilateral epicondylitis; and bilateral shoulder impingement syndrome. The date of injury is October 14, 2003. The request for authorization is June 5, 2015. The earliest progress note in the medical record is dated February 16, 2012. At that time, the injured worker was suffering with bilateral epicondylitis. The injured worker underwent a cortisone injection with excellent relief. There is no duration of pain relief documented in the medical record. There is no percentage of pain relief documented in the medical record. Multiple requests for injections were made in subsequent progress notes. Cortisone injections are associated with the ability to reduce lateral epicondyle of pain. However, recurrence rates are high. Corticosteroid injections are indicated in select patients who do not respond to a 3 to 4 week period of conservative noninvasive treatment. The injured worker has not undergone any conservative treatment such as physical therapy for the bilateral elbow pain according to the documentation from February 2012 through the present. Consequently, absent clinical documentation of conservative treatment for the bilateral epicondyle of pain and associated high recurrence rates with corticosteroid injections, corticosteroid injection to the left elbow using Celestone Soluspan 6mg/ml is not medically necessary.