

<b>Case Number:</b>	CM15-0126662		
<b>Date Assigned:</b>	07/13/2015	<b>Date of Injury:</b>	07/06/2010
<b>Decision Date:</b>	08/06/2015	<b>UR Denial Date:</b>	06/22/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	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: Arizona, California

Certification(s)/Specialty: Family Practice

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 50 year old female with a July 6, 2010 date of injury. A progress note dated March 10, 2015 documents subjective complaints (constant numbness to the ulnar digits; pinching pain over the medial aspect of the elbow; clicking in the shoulder area), objective findings (decreased sharp-dull discrimination over the ulnar digits more so than the radial digits; positive Tinel's in the cubital tunnel; pain over the medial epicondyle; positive elbow flexion test; pain at the acromioclavicular joint; able to actively forward flex to 140; click with rotation), and current diagnoses (status post right subacromial decompression/Mumford/biceps release; status post right lateral epicondylitis; left knee arthroscopy; cubital tunnel; first carpometacarpal osteoarthritis). Treatments to date have included elbow bracing that has not been helpful, right shoulder surgery, and trigger point injections. The treating physician documented a plan of care that included a cortisone injection for the right elbow.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Cortisone Injection Right Elbow:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 41.

**Decision rationale:** According to the guidelines, injections are recommended for epicondylitis. The claimant has failed other conservative measures. As a result, the request for an elbow injection is appropriate and medically necessary.