

Case Number:	CM15-0127153		
Date Assigned:	07/17/2015	Date of Injury:	10/05/2005
Decision Date:	08/12/2015	UR Denial Date:	06/15/2015
Priority:	Standard	Application Received:	07/01/2015

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 injured worker is a 53 year old male, who sustained an industrial injury on 10/05/2005. The medical records submitted for this review did not include the details regarding the initial injury. Diagnoses include lumbago, radiculitis, carpal tunnel syndrome, pain in elbow, tendinitis and back spasms. Treatments to date include activity modification, medication therapy, physical therapy, chiropractic therapy. Currently, he complained of back pain and spasms and ongoing pain in the right elbow. There was radiation down the left leg. On 4/29/15, the physical examination documented tenderness and decreased range of motion in lumbar spine. The plan of care included cortisone injection to the right elbow under guided ultrasound.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cortisone injection with guided ultrasound x 1 injection given on the right elbow: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007), Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Work Loss Data Institute, LLC, Corpus Christi, TX, www.odg-twc.com, Section: Elbow (Acute & Chronic) (updated 2/27/15).

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 sustained a work injury in October 2005 and continues to be treated for right elbow and radiating low back pain. He underwent right elbow surgery in August 2014. When seen, he had improved since surgery. He had right elbow tenderness with normal range of motion. There was decreased strength. There was a diagnosis of lateral epicondylitis and authorization for a cortisone injection 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. In this case, the claimant had improved since surgery and does not appear to be in severe pain. Adjunctive therapy was not being planned. The requested injection was not medically necessary.