

Case Number:	CM15-0127188		
Date Assigned:	07/13/2015	Date of Injury:	01/07/2008
Decision Date:	08/12/2015	UR Denial Date:	06/30/2015
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: California

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 68 year old female, who sustained an industrial injury on 1/07/2008. She reported a trip and fall onto the right elbow and bilateral hands and knees. Diagnoses include right shoulder SLAP lesion, status post repair, right knee chondromalacia patella, degenerative joint disease, left shoulder SLAP lesion, left shoulder bursitis/impingement, and right elbow lateral epicondylitis, and status post left knee replacement. Treatments to date include physical therapy, aquatic therapy, acupuncture treatments, and therapeutic steroid joint injections. Currently, she complained of pain in multiple body parts with associated symptoms. These included pain in bilateral shoulders, wrists, knees, and the low back. The right elbow was rated 8/10 VAS. On 5/13/15, the physical examination documented multiple areas of tenderness and decreased range of motion. The right elbow physical examination documented tenderness with no additional acute findings. The right elbow MRI dated 4/27/15, revealed a new common extensor tendon partial tear, bursitis, and tendinopathy. The plan of care included corticosteroid injection to the right lateral epicondyle provided on this date 5/13/15.

IMR ISSUES, DECISIONS AND RATIONALES

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

Corticosteroid Injection Right Lateral Epicondyle (DOS: 5/13/15): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG-TWC Knee & Leg (Acute & Chronic).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 23.

Decision rationale: Regarding the request for Corticosteroid Injection Right Lateral Epicondyle, CA MTUS states that if a non-invasive treatment strategy fails to improve the condition over a period of at least 3 - 4 weeks, glucocorticoid injections are recommended. Within the documentation available for review, there is no documentation of conservative treatment for the elbow with the exception of medications. In light of the above issues, the currently requested Corticosteroid Injection Right Lateral Epicondyle is not medically necessary.