

<b>Case Number:</b>	CM15-0149788		
<b>Date Assigned:</b>	08/13/2015	<b>Date of Injury:</b>	06/24/2015
<b>Decision Date:</b>	10/20/2015	<b>UR Denial Date:</b>	07/29/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/03/2015

### 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: Anesthesiology, 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 51 year old male, who sustained an industrial injury on 6-24-2015. He reported acute pain in the left shoulder with radiation to the elbow from pulling a parking brake. Diagnoses include shoulder pain, ulnar nerve injury, epicondylitis, tenosynovitis, rotator cuff syndrome and brachioradialis tendinitis. Treatments to date include anti-inflammatory, NSAID, and muscle relaxant, and physical therapy. Currently, he complained of pain in the left shoulder and left elbow. On 7-21-15, the physical examination documented tenderness in the left shoulder and left elbow with decreased range of motion. The plan of care included a request to authorize a cortisone injection to left shoulder and elbow.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Cortisone injection for the left shoulder and elbow:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Shoulder Complaints 2004, and Elbow Complaints 2007, and Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder, Criteria for steroid injections, Elbow, Injections (corticosteroid).

**MAXIMUS guideline:** Decision based on MTUS Shoulder Complaints 2004, Section(s): General Approach, and Elbow Complaints 2007, Section(s): Lateral Epicondylalgia.

**Decision rationale:** Injections of corticosteroids or local anesthetics or both should be reserved for injured workers who do not improve with more conservative therapies. There is good evidence that glucocorticoid injections reduce lateral epicondylar pain. However, there is also good evidence that the recurrence rates are high. On the other hand, pain at the time of recurrence is generally not as severe. Thus, despite the problems with recurrence, there is support for utilizing corticosteroid injections in select cases to help decrease overall pain problems during the disorders natural recovery or improvement phase. Quality studies are available on glucocorticoid injections and there is evidence of short-term benefits, but not long-term benefits. This option is invasive, but is low cost and has few side effects. Thus, if a non-invasive treatment strategy fails to improve the condition over a period of at least 3-4 weeks, glucocorticoid injections are recommended [Evidence (B), Moderately Recommended]. According to the documents available for review, the IW has undergone a sufficient trial of conservative therapy including NSAIDS and physical therapy without improvement. Therefore, at this time, the requirements for treatment have been met and medical necessity has been established. The request is medically necessary.