

Case Number:	CM15-0176345		
Date Assigned:	10/07/2015	Date of Injury:	12/24/2009
Decision Date:	11/18/2015	UR Denial Date:	08/25/2015
Priority:	Standard	Application Received:	09/08/2015

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

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 50 year old female, who sustained an industrial injury on 12-24-09. The documentation on 8-18-15 noted that the injured worker has complaints of diffuse right upper extremity pain and recurrence of right hand numbness. There is tenderness to palpation diffusely in the right hand especially at the metacarpophalangeal joint, both dorsally and volarly. The sensation is grossly intact, although at the tips of the index and middle fingers light touch testing still elicits a response of tingling and she can flex her digits to her palm. There is tenderness to palpation diffusely in the wrist and minimal diffuse swelling with no erythema or erythematous streaking. Flexion of the wrist reproduces her pain. Tenderness to palpation in the forearm and at the lateral epicondylar region. The diagnoses have included carpal tunnel syndrome. Treatment to date has included two carpal tunnel releases on 3-19-10 and 6-1-12; debridement of her right lateral epicondylar region on 3-25-13; acupuncture with minimal benefits; terocin patches have been of significant benefit; naprosyn and cyclobenzaprine. The original utilization review (8-25-15) non-certified the request for right lateral epicondyle injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right lateral epicondyle injection: Upheld

Claims Administrator guideline: Decision based on MTUS Elbow Complaints 2007. Decision based on Non-MTUS Citation Official Disability Guidelines, Elbow Chapter.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Elbow Chapter under Cortisone injection for epicondylar pain and Other Medical Treatment Guidelines ACOEM guidelines, table 10-6, page 241.

Decision rationale: Based on the 7/16/15 progress report provided by the treating physician, this patient presents with shoulder pain, elbow pain, and wrist pain rated 7/10 on average, 5/10 at best and 9/10 at worst. The treater has asked for right lateral epicondyle injection on 7/16/15. The patient's diagnoses per request for authorization dated 8/11/15 are carpal tunnel syndrome and limb pain. The patient is s/p trigger point injection and lateral epicondyle injection of unspecified dates, which helped with pain per 7/16/15 report. The patient is s/p 2 prior right carpal tunnel releases from 2010 and 2012 and currently has a recurrence of numbness, and is s/p right lateral epicondylitis, s/p debridement from 3/25/13 per 6/23/15 report. The patient is currently having constant pain in the right upper extremity per 7/16/15 report. The patient is currently taking Nucynta IR, Flexeril, Cymbalta, and Naproxen per 7/16/15 report. The patient is temporarily totally disabled as of 6/23/15 report. ACOEM guidelines, table 10-6, page 241 states corticosteroid injections have been shown to be effective, at least in the short term; however, the evidence on long-term effects is mixed, some studies show high recurrence rate among injection groups. (p235, 6) ACOEM considers the injections optional treatment (table 10-6, page 241). ODG-TWC, Elbow Chapter under Cortisone injection for epicondylar pain states: While there is some benefit in short-term relief of pain, patients requiring multiple corticosteroid injections to alleviate pain have a guarded prognosis for continued nonoperative management. Corticosteroid injection does not provide any long-term clinically significant improvement in the outcome of epicondylitis, and rehabilitation should be the first line of treatment in acute cases, but injections combined with work modification may have benefit. (Assendelft, 1996) The 7/16/15 report requests a repeat lateral epicondyle injection to help with right elbow pain. This was beneficial in the past. In this case, the patient continues with right upper extremity pain and has a diagnosis of pain in limb. Review of reports show that a previous injection to the right elbow of unspecified date helped. ODG and ACOEM support the trial of Lateral Epicondyle Injections for short term relief but state that they do not provide any long-term clinically significant improvement. In this case, the treater does not quantify what is meant by "helped." Typically, for repeat injections, the guidelines require 50% or greater pain reduction lasting 6 weeks or more along with documentation of functional benefit and medication reduction. Given the lack of such documentation, the request is not medically necessary.