MAXIMUS Federal Services

Case Number:	CM15-0178251		
Date Assigned:	10/13/2015	Date of Injury:	07/26/2011
Decision Date:	11/20/2015	UR Denial Date:	08/26/2015
Priority:	Standard	Application Received:	09/10/2015

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, Indiana, New York
Certification(s)/Specialty: Internal Medicine

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 44 year old man sustained an industrial injury on 7-26-2011. Diagnoses include status post neurovascular flap for axon regeneration in treatment for chronic pain. Treatment has included oral medications, elbow injection, physical therapy, and surgical intervention. Physician notes dated 8-14-2015 show complaints of left elbow pain, dorsal eponychial pain, and persistent left fourth and fifth digit numbness. The physical examination shows a soft ring finger flap, no longer Tinel's sign where both digital nerves were brought together, healed second toe with no evidence of infection, and pain with contact of the left elbow. Recommendations include electromyogram of the bilateral upper extremities, additional injection of the left elbow, right finger dystrophic nail ablation, Norco, continue physical therapy, and follow up in six weeks. Utilization Review denied a request for left elbow injection on 8-26-2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Left elbow injection: Upheld

Claims Administrator guideline: Decision based on MTUS Elbow Complaints 2007. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Elbow (Acute & Chronic) - Injections (Corticosteroid).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Elbow section, Injections.

Decision rationale: Pursuant to the Official Disability Guidelines, one left elbow injection is not medically necessary. Injections are not recommended as a routine intervention for epicondylitis. In the past, a single injection was suggested as a possibility for short-term pain relief in cases of severe pain from epicondylitis, but beneficial effects persist only for short time and the long-term outcome could be poor. The significant short-term benefits of corticosteroid injections are paradoxically reversed after six weeks, with high recurrence rates. In this case, the injured worker's working diagnoses are status post neurovascular flap for axon regeneration in treatment of chronic pain. Date of injury is July 26, 2011. Request for authorization is August 14, 2015. According to the July 8, 2015 progress note, the injured worker received an injection to the elbow (burning pain) that improved for only four days after a steroid and lidocaine injection. According to an August 14, 2015 progress note, the injured worker has ongoing pain at the left elbow. Objectively, the documentation indicates "there is pain with contact at the left elbow". Pain is not elicited with palpation of the transposed nerve or along the route of the nerve. The treatment plan states the injured worker needs additional injections at the left elbow for pain. The contents of the injection are not stated. There is no objective functional improvement with the prior injection at the left elbow (four days of relief). Based on the clinical information in the medical record, peer-reviewed evidence-based guidelines and no documentation demonstrating objective functional improvement with prior injection (July 8, 2015), one left elbow injection is not medically necessary.