

<b>Case Number:</b>	CM15-0027028		
<b>Date Assigned:</b>	02/19/2015	<b>Date of Injury:</b>	09/30/2014
<b>Decision Date:</b>	04/03/2015	<b>UR Denial Date:</b>	01/23/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/12/2015

### 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 45 year old female, who sustained an industrial injury on 09/30/2014. She has reported subsequent elbow pain and was diagnosed with bilateral lateral epicondylitis. Treatment to date has included oral pain medication, cortisone injections, elbow brace and physical therapy. In a progress note dated 01/09/2015, the injured worker complained of moderate pain of the left elbow. Objective physical examination findings were notable for swelling and moderate tenderness of the left elbow. Many portions of the visit note are illegible. A request for authorization of a left elbow cortisone injection was made. On 01/23/2015, Utilization Review non-certified a request for left elbow cortisone injection, noting that guidelines only support a single injection for treatment of severe pain from epicondylitis and that there was no indication for a repeat injection. MTUS, ACOEM and ODG guidelines were cited.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Left elbow cortisone injection (Dexamethasone, Kenalog): Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007). Decision based on Non-MTUS Citation Official Disability Guidelines.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disability guidelines Elbow Chapter, Injections?corticosteroid.

**Decision rationale:** The most recent reports provided dated from 11/26/14 to 12/05/14 are handwritten and greatly illegible. The 11/20/14 report states the patient presents with strain of her elbows with lateral epicondylitis, prior epicondylitis left elbow January 2013, and intermittent moderate pain in the left elbow. The current request is for left elbow cortisone injection per the 11/20/14 report and 01/13/15 RFA. ODG, Elbow Chapter, Injections (corticosteroid) states, "Not recommended as a routine intervention for epicondylitis." "Use of steroid injections to treat tennis elbow has been increasingly discouraged because of lack of long-term efficacy data and high recurrence rates." "There was moderate evidence of harmful effects of repeated corticosteroid injection on pain, but the optimal number of doses and interval between injections are not known."The treater states the patient received 1 cortisone injection in the past with good relief. In this case, guidelines do not recommend the requested treatment as a routine intervention and this treatment is increasingly discouraged. Furthermore, there is moderate evidence of harmful effects of repeat injections. The treater does not explain why routine treatment does not apply in this case nor is there objective documentation of the benefit received with the prior injection. In this case, the request IS NOT medically necessary.