

<b>Case Number:</b>	CM15-0038573		
<b>Date Assigned:</b>	03/06/2015	<b>Date of Injury:</b>	06/15/2008
<b>Decision Date:</b>	04/20/2015	<b>UR Denial Date:</b>	02/13/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/02/2015

### 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, Hawaii  
 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:

This 62-year-old male sustained an industrial injury to bilateral upper extremities via repetitive trauma on 6/15/08. Treatment included bilateral carpal tunnel releases, medications, nerve blocks and triangular fibrocartilage complex injection. In a progress report dated 1/19/15, the injured worker complained of significant to severe right shoulder, right elbow and right wrist pain associated with burning and tingling. Physical exam was remarkable for tenderness to palpation to bilateral wrists with increased pain upon range of motion, positive Tinel's sign bilaterally, significant tenderness to palpation to the right medial elbow epicondyle, diminished hand grip strength bilaterally and intact sensory exam throughout. Current diagnoses included right cubital tunnel syndrome, right medial epicondylitis and left flexor tendinitis. The treatment plan included one epicondyle Injection of the right elbow and continuing medications (Norco, Ativan and topical compound creams).

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **1 Epicondyle Injection of the Right Elbow: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 40.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Elbow Chapter, Injections (corticosteroid).

**Decision rationale:** The patient presents with right elbow and bilateral hand and wrist pain. The current request is for Epicondyle Injection of the Right Elbow. The treating physician states, "He is complaining of significant to severe right shoulder and right elbow and wrist pain. He is using Norco with some pain relief. Using his upper extremities will increase his pain. I am requesting authorization for epicondyle injection of the right elbow x 1 to decrease his right elbow pain." (B.21/22) The ODG guidelines state, "Not recommended as a routine intervention for epicondylitis, based on recent research. 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 a short time, and the long-term outcome could be poor." The guidelines do not support corticosteroid injections as a treatment for epicondylitis. The current request is not medically necessary and the recommendation is for denial.