

Case Number:	CM15-0061304		
Date Assigned:	04/07/2015	Date of Injury:	06/24/2014
Decision Date:	06/05/2015	UR Denial Date:	03/06/2015
Priority:	Standard	Application Received:	03/31/2015

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 47 year old male, who sustained an industrial injury on 6/24/14. He reported initial complaints were impaled the right index digit under the nail by a rose thorn. The injured worker was diagnosed as having sporotrichosis right index digit; cellulitis right index digit; right index digit radial/ulnar digital neuralgia; De Quervain's tenosynovitis right wrist; right lateral epicondylitis. Treatment to date has included injection into the 1st dorsal compartment right; occupational hand therapy; medications. Currently, the PR-2 notes dated 11/3/14 indicated the injured worker is being treated for his right index digit pain following complications of injury noted as impaled by a rose thorn and diagnosed with sporotrichosis, eventually developing cellulitis losing the nail. He developed some extensor tethering and dorsal capsular tightening followed by right lateral epicondylitis and right De Quervain's tenosynovitis. He has had hand/digit therapy and nothing for the wrist and elbow. He has been using Voltaren gel which he finds helpful. The provider is requesting a steroid Injection Right Lateral Epicondylitis.

IMR ISSUES, DECISIONS AND RATIONALES

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

Steroid Injection Right Lateral Epicondylitis: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007). Decision based on Non-MTUS Citation Official Disability Guidelines - Treatment in Workers' Compensation, Online Edition, Elbow Chapter, Injections (Corticosteroid).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 31-32; 235, 6. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Elbow Chapter, Injections (corticosteroid).

Decision rationale: Based on the 12/04/14 progress report provided by treating physician, the patient presents with right elbow and right wrist pain. The request is for STEROID INJECTION RIGHT LATERAL EPICONDYLITIS. RFA not provided. Patient's diagnosis on 12/04/14 included right lateral epicondylitis as a compensable consequence, and right wrist Quervain's tenosynovitis. Treatment to date has included injection into the 1st dorsal compartment right, occupational hand therapy, and medications. Patient has been using Voltaren gel. The patient last worked 3 months ago, per 11/03/14 progress report. Treatment reports were provided from 11/03/14 - 12/04/14. ACOEM Practice Guidelines, 2nd Edition (Revised 2007), and Chapter 10, page 31-32, for Medial Epicondylalgia (Medial epicondylitis) states: "Quality studies are available on glucocorticoid injections in chronic medial epicondylalgia patients and there is evidence of short-term, but not long-term benefits. This option is invasive, but is low cost and has few side effects." 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, 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." UR letter dated 03/06/15 states "The request for a steroid injection for right lateral epicondylitis is not substantiated. Per guidelines, corticosteroid injection without splinting is the preferred initial treatment for Quervain's tenosynovitis." Patient continues to have right lateral elbow pain and has a diagnosis of lateral epicondylitis. Per 12/04/14 progress report, the patient "has had therapy for the digit, he has not had anything for the wrist or elbow." Provided medical records do not show evidence of prior steroid injection to the right elbow. ODG and ACOEM do support trial of injections for short-term relief. The request appears to be reasonable and in accordance with guidelines. Therefore, the request IS medically necessary.