MAXIMUS Federal Services

Case Number:	CM13-0023026		
Date Assigned:	11/15/2013	Date of Injury:	04/16/2012
Decision Date:	02/04/2014	UR Denial Date:	09/09/2013
Priority:	Standard	Application Received:	09/11/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Family Practice has a subspecialty in Preventive Medicine and is licensed to practice in California. 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 physician 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations

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 patient sustained a work injury on 4/6/12 that resulted in shoulder, arm and back injuries. In June 24, 2013 she had right shoulder arthroscopic surgery. She had recurrent dislocations of the right shoulder, a right biceps tendonitis, lumbar disc herniation and a right triceps tendon injury. She had received oral analgesics and Toradol injections in the past. A recent exam report on 8/9/13 stated that the patient has continued back pain, right shoulder pain and right elbow pain. Objective findings included decreased range of motion of the lumbar spine, decreased sensation in the right foot and tenderness in the biceps region. A request by the treating physician was made for Manipulation of the right shoulder under anesthesia with Depo-Medrol injection, Lumbar epidural steroid injection and Depo-Medrol injection was made in the right elbow to treat epicondylitis.

IMR ISSUES, DECISIONS AND RATIONALES

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

The request for MUA of the right shoulder with Depo-Medrol injection: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 209-210.

MAXIMUS guideline: Decision based on MTUS ACOEM Page(s): 204-214.

Decision rationale: According to the MTUS guidelines, strengthening exercises are appropriate for recurrent shoulder dislocations and non-specific shoulder complaints. In this case, there was

no documentation of therapy of exercise after arthroscopic surgery. There is no documentation of outpatient shoulder injections for improving pain and functionality. Furthermore, surgery for recurrent dislocation is not recommended before rehabilitation efforts. There is also no specific support for providing manipulation under anesthesia for the claimant's objective findings. As a result MUA of the shoulder with Depo-Medrol is not medically necessary.

lumbar ESI: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 203.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 309.

Decision rationale: According to the ACOEM guidelines, Lumbar epidural steroid injections are not recommended for back pain without radiculopathy. The examination report indicates decreased range of motion. There are no specific radicular findings or diagnosis of lumbar radiculopathy. Furthermore there is no documentation of response to therapy and analgesics. As a result, Lumbar ESI is not medically necessary.

Depo-Medrol right elbow: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 264-272.

Decision rationale: According to the ACOEM/MTUS guidelines, steroid injections for arm strains such as epicondylitis are optional after consideration of rest or limiting range of motion of the affected area. Furthermore, the examination report did not specifically identify the region of tenderness on the epicondyles. There was no documentation of prescribed rest or bracing. In addition, steroid injections are only optional when there is a moderate case of tendonitis. The documentation also does not support severity or response specific to prior treatment. As a result, Depo-Medrol Injection of the elbow is not medically necessary.