

Case Number:	CM13-0063305		
Date Assigned:	12/30/2013	Date of Injury:	05/05/2010
Decision Date:	08/25/2014	UR Denial Date:	11/22/2013
Priority:	Standard	Application Received:	12/09/2013

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation 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 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/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 claimant complains of wrist and elbow pain predominantly with neck and shoulder discomfort. She also reports of constant numbness in all fingers of her left hand. She had a left shoulder injection on 5-6-13 with reported transient attenuation of her symptoms. She had a left cubital tunnel injection on 5-12-14 which provided moderate improvement in pain and frequency of the tingling and numbness in the left hand that lasted approximately 1 week. The claimant has a history of left upper extremity injury in 2007 with left carpal tunnel decompression in 2008, recurrent left carpal tunnel syndrome/ulnar neuritis, left shoulder tendinopathy, cervical strain, left lateral Epicondylitis. The claimant is being maintained on medications. On 6-12-14, the treating doctor requested electrodiagnostic studies in light of the progressive sensory loss in the left hand.

IMR ISSUES, DECISIONS AND RATIONALES

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

DILUTE KENALOG INJECTION FOR THE LEFT SHOULDER X2: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG-TWC), SHOULDER CHAPTER (LAST UPDATED 06/12/2013), STEROID INJECTIONS.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder chapter - steroid injections.

Decision rationale: The medical records reflect a claimant with complaints of wrist and elbow pain predominantly with neck and shoulder discomfort. The claimant is being managed with medications at this time and injections to the left elbow. There is a request for dilute Kenalog injection to the left shoulder x2. The most recent office visit dated 6-12-14 notes the claimant has tenderness about the neck and lateral surface of the shoulder. On 5-12-14, it was noted the claimant had full range of motion of the left shoulder. The claimant has had a prior injection to the left shoulder with reported short term improvement of pain. Based on the records provided and with basically only tenderness to palpation on exam, and short term improvement with the injection provided a year ago, the request for diluted Kenalog injection to the left shoulder x 2 is not established as medically necessary.

Ambien 10mg, #20 (with 4 refills): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG-TWC), ZOLIPDERM.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter - Zolpidem.

Decision rationale: The medical records reflect a claimant with complaints of wrist and elbow pain predominantly with neck and shoulder discomfort. The claimant is being managed with medications at this time and injections to the left elbow. There is a request for Zolpidem. The current evidence based medicine reflects that this medication is not recommended for long term use. Additionally, there is an absence in documentation noting the claimant's sleeping habits. There are no extenuating circumstances to support ongoing use of this medication. Therefore, the medical necessity of this request is not established as medically reasonable or necessary.