

Case Number:	CM13-0069345		
Date Assigned:	01/03/2014	Date of Injury:	10/30/2007
Decision Date:	05/02/2014	UR Denial Date:	12/11/2013
Priority:	Standard	Application Received:	12/20/2013

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 & Rehabilitation, has a subspecialty in Pain 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 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 patient is a 47 year old female who was injured on 10/30/2007. She sustained an injury to her neck; lower back, both knees, and right upper extremity. Prior treatment history has included physical therapy, cervical fusion, and a lumbar epidural steroid injection. She felt approximately 30% better in terms of the back pain. 09/04/2013 Medications Include: Tramadol 50 mg Relafen 50 mg Xanax 80 mg Flexeril 10 mg Norvasc Ranitidine 150 mg Tylenol 375 mg Lyrica 300 mg Inhaler on an as needed basis for asthma Clinic note dated 09/04/2013 documented the patient to have complaints of lower back pain radiating pain to both lower extremities with intermittent numbness and tingling in the left leg. She complained of neck pain present intermittently, constant bilateral knee pain, left greater than right; left wrist pain with numbness and tingling in the left hand. Objective findings on exam revealed a 4 cm scar on the anterior aspect of the patient's neck on the left. Examination of the cervical spine revealed tenderness on palpation of the trapezius muscles and paracervical muscles bilaterally. The range of motion of the neck was restricted; Soto Hall test was negative. Examination of upper extremities revealed a 1 x 1 cm soft lesion on the dorsum of the left wrist. There was tenderness on palpation of the palmar aspect of the left wrist. Shoulder examination revealed Forward flexion 180 bilaterally, 180 normal; Extension 50 bilaterally, 50 normal; Abduction 180 bilaterally, 180 normal; adduction 50 bilaterally, 50 normal; External rotation 90 bilaterally, 90 normal; and Internal rotation 90 bilaterally, 90 normal. Reflexes were within normal limits. Measurements of the right biceps (3" above elbow) were 40.5 cm, the left was 42.0 cm. The right forearm (3" below the elbow) 29.5 cm and the left 31.0 cm. Hand grip on the right (1st attempt) was 10, (2nd attempt) was 8, and (3rd attempt) was 10. Hand grip on the left (1st attempt) was 8, (2nd attempt) was 8, and (3rd attempt) was 8. Neurologic evaluation of the upper extremities was significant for examination of the left upper extremity which revealed decreased sensation in the

median nerve distribution on the left; Semmes-Weinstein score was 3.61 in the left median nerve distribution, 2.83 in the ulnar nerve distribution. There was a 2-point discrimination was 7-8 mm in the left median nerve distribution. Examination of the right upper extremity was within normal limits. The patient was diagnosed with 1) Status post C5-C6 anterior cervical decompression and fusion; 2) Lumbar disc herniation; 3) Lumbar radiculitis/radiculopathy; 4) Bilateral knee pain; 5) Degenerative arthritis, right and left knee; 6) Left wrist median nerve dysfunction with possible carpal tunnel syndrome.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cortisone Injection to the right shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Shoulder Pain Page(s): 213.

Decision rationale: The medical records do not indicate any complaint of right shoulder pain. Additionally, there are no physical exam findings of shoulder impingement or decrease in range of motion testing. Per MTUS Guidelines, shoulder injections are recommended for either diagnostic purposes or as part of an overall rehabilitation program for individuals with symptoms and exam findings consistent with impingement syndrome and/or rotator cuff pathology. Based on the lack of evidence and documentation indicating any shoulder problem, the request is non-certified.