

Case Number:	CM14-0110461		
Date Assigned:	08/01/2014	Date of Injury:	07/19/1999
Decision Date:	09/24/2014	UR Denial Date:	06/25/2014
Priority:	Standard	Application Received:	07/15/2014

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, and is licensed to practice in Illinois. 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 injured worker is a 58-year-old female who reported an injury on 09/19/1999. The mechanism of injury was provided. On 06/16/2014 the injured worker presented with severe pain to the left upper extremity. Upon examination the range of motion of the cervical spine had marked tenderness over the subdeltoid area, mobile wads, lateral epicondyle, flexor carpi radialis and flexor carpi ulnaris. The diagnoses were depression, status post cervical disc and multiple fusion, failed back syndrome, reoccurring radiculopathy of the cervical spine, subdeltoid bursitis, mobile wad lateral subcondylitis complex and tendinitis of flexor carpi radialis and flexor carpi ulnaris. Prior therapy included medications. The provider recommended steroid injection times 3 for the left wrist, times 3 for the left elbow and times 3 for left shoulder. The provider's rationale was not provided. The Request for Authorization was dated 06/18/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Steroid Injection times 3 at Left Wrist, times 3 at Left Elbow, times 3 Left Shoulder:
Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 265-266.

Decision rationale: The request for Steroid Injection times 3 at the left wrist, left elbow and left shoulder is non-certified. The California MTUS/ACOEM Guidelines state the most invasive techniques and injections procedures have insufficient high quality evidence to support their use. The exception is corticosteroid injections above the tendon sheaths or possibly the carpal tunnel in cases resistant to conservative care provided for 8 to 12 weeks. There is lack of documentation of prior therapies the injured worker underwent and the efficacy of the prior therapies. The guidelines state that invasive techniques have insufficient high quality evidence to support their use, so steroid injections would not be warranted. Additionally, there was lack of documentation indicating functional deficits related to the left wrist, left elbow and left shoulder. As such, the request is not medically necessary.