

Case Number:	CM14-0120171		
Date Assigned:	09/16/2014	Date of Injury:	04/01/2012
Decision Date:	12/31/2014	UR Denial Date:	07/27/2014
Priority:	Standard	Application Received:	07/30/2014

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 Emergency Medicine and is licensed to practice in New York. 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 48-year-old male who was injured on April 1, 2012. The patient continued to experience pain in his right shoulder and neck. Physical examination was notable for increased tenderness to the acromioclavicular joint and obvious biceps tendon rupture with retracted biceps muscle. Diagnoses included chronic right-sided neck pain, chronic left shoulder pain with rotator cuff tear and dislocation of the biceps medially, intermittent thoracic and low back pain, and cervical disc disease. Treatment included surgery, physical therapy, and medications. Request for authorization for Kenalog/Lidocaine injection into biceps was submitted for consideration.

IMR ISSUES, DECISIONS AND RATIONALES

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

Injection into right biceps 20 mg of Kenalog and 1 ml of 1% Lidocaine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Trigger point injections Page(s): 122.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: UpToDate: Biceps tendinopathy and tendon rupture

Decision rationale: According to the treatment guidelines, biceps tendon injuries include a spectrum of disorders ranging from mild tendinopathy to complete tendon rupture. Rest from

aggravating activities, local or systemic non-steroidal anti-inflammatory drugs (NSAIDs), physical therapy, and subacromial or biceps tendon sheath injections form the core of conservative care for biceps tendinopathy. Physical therapy generally involves range of motion and strengthening exercises for the biceps, rotator cuff, and scapular stabilizer muscle groups. Some clinicians inject glucocorticoid into the subacromial space or the biceps tendon sheath. Subacromial injections may reduce inflammation from subacromial impingement and, if a rotator cuff tear is present, may reduce inflammation in the biceps tendon sheath. Direct injections of the biceps tendon sheath can be technically challenging. The use of ultrasound-guided injection may improve safety and accuracy. Treatment of biceps rupture does not include steroid injection into the muscle. The injection is not indicated. Therefore, this request is not medically necessary.