MAXIMUS Federal Services

Case Number:	CM14-0121392		
Date Assigned:	08/06/2014	Date of Injury:	01/09/2013
Decision Date:	09/15/2014	UR Denial Date:	07/14/2014
Priority:	Standard	Application Received:	07/31/2014

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 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 injured worker is a 41-year-old female who reported an injury on 01/09/2013, the mechanism of which was unknown. On 06/11/2014, her diagnoses included right shoulder impingement syndrome, right lateral epicondylitis, status post right lateral epicondylar tendon debridement on 08/30/2013 and chronic right C8-T1 radiculopathy. Her medications included Norco 10/325 mg, Protonix ER 20 mg, Fexmid 7.5 mg, Ativan 2 mg, Lexapro 20 mg and Nortriptyline 25 mg. Her complaints included neck pain which radiated into the C8 dermatome rated 6/10, right shoulder pain, right elbow pain and sleep disturbance with anxiety. On 06/19/2014, she had a right shoulder arthroscopy with glenohumeral debridement and subacromial decompression. On 06/26/2014, she stated that she was doing fairly well after the surgery. She was instructed in home passive stretching exercises and was to begin physical therapy. There was no documentation of any postsurgical complications, but there was a note that said "the patient will return in 2 weeks for an ultrasound guided subacromial cortisone and lidocaine injection if there is no improvement." There was no Request for Authorization included in this injured worker's chart.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultrasound guided injections: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, Injection with anesthetics and/or steroids.

Decision rationale: The request for ultrasound guided injection is not medically necessary. The Official Disability Guidelines note that pain injections are consistent with the intent of relieving pain, improving function, decreasing medications and encouraging return to work. Pain injection should, at the very minimum, relieve pain to the extent of 50% for a sustained period, and clearly result in documented reduction in pain medications, improved functions and/or return to work. The submitted request did not specify the type of injection, the body part that was to be injected or what the injection consisted of. The clinical information submitted failed to meet the evidence based guidelines for an injection. Therefore, this request for ultrasound guided injections is not medically necessary.