

Case Number:	CM14-0168568		
Date Assigned:	10/16/2014	Date of Injury:	08/14/2010
Decision Date:	11/28/2014	UR Denial Date:	09/15/2014
Priority:	Standard	Application Received:	10/13/2014

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 Preventive Medicine, and has a subspecialty in Occupational Medicine and is licensed to practice in Iowa. 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:

This patient is a 33 year old female employee with date of injury of 8/14/2010. A review of the medical records indicate that the patient is undergoing treatment for chronic bilateral shoulder pain, chronic cervical myofascial pain, chronic bilateral medial and lateral epicondylitis, chronic bilateral wrist pain, chronic bilateral de Quervain's tenosynovitis, chronic polyarthralgias involving upper and lower extremities, chronic headaches, probable brachial plexus injury bilaterally with chronic neuropathic pain, chronic bilateral carpal tunnel syndrome, chronic bilateral ulnar nerve entrapment at the elbows. Subjective complaints include pain in both arms and shoulders; neck and upper and lower back pain. Objective findings include tenderness in both wrists, forearms, and upper arms, both elbows medially and laterally, both shoulders; paracervical tenderness from C2 to C7-T1; parathoracic tenderness from T1 to T12-L1; paralumbar tenderness from L1 to L5-S1; anterior superior chest wall tenderness in the periclavicular area; right shoulder abduction is 100, extension 10 flexion 100; left shoulder abduction is 120, extension 10 flexion 100. Finkelstein test is positive bilaterally for de Quervain's tenosynovitis. Treatment has included yoga sessions with functional improvement. Medications have included Tylenol and Norco. The utilization review dated 9/15/2014 non-certified the request for Injections.

IMR ISSUES, DECISIONS AND RATIONALES

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

Injections: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Chapter 7 Independent Medical Examinations and Consultations

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: The treating physician did not specify the location of the injection and provide a medical rationale as why the injections are needed at this time. As such, the request for Injections is not medically necessary at this time.