

Case Number:	CM14-0020066		
Date Assigned:	04/25/2014	Date of Injury:	12/07/1987
Decision Date:	07/07/2014	UR Denial Date:	01/27/2014
Priority:	Standard	Application Received:	02/18/2014

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 Texas. 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 60-year-old male who sustained an injury to his right upper extremity on 12/07/87 while trying to catch an item that was falling off forklift blades. The injured worker was diagnosed with ruptured right biceps. He underwent distal reattachment of the tendon in December of 1987 followed by postoperative physical therapy and was returned to full duty without restrictions. The clinical note dated 12/18/13 reported the injured worker continued to complain of right upper extremity pain that was unchanged since previous visit. Morbidity 6'2", 309 pounds, Body Mass Index 39.

IMR ISSUES, DECISIONS AND RATIONALES

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

RETROSPECTIVE REQUEST FOR RIGHT OLECRANON BURSA STEROID INJECTION DOS:12/18/13: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Forearm, Wrist And Hand Chapter, Injection.

Decision rationale: The retrospective request for right olecranon bursa steroid injection date of service 12/18/13 is not medically necessary. The injured worker is over 26 years post date of injury. The 12/18/13 note reported motor strength 5/5 in the right upper extremity; tenderness over the olecranon process; light touch to sensation decreased over the medial hand meal forearm. A electrodiagnostic study of the right upper extremity in December 2013 revealed mild sensory neuropathy at the right wrist with no radiculopathy. The injured worker was seen by an orthopedic specialist who did not recommend any treatment interventions. There was no indication that the injured worker had undergone any previous conservative treatment as a precursor to the injection. Given the clinical documentation for review, medical necessity of the retrospective request for right olecranon bursa steroid injection date of service 12/18/13 has not been established. Recommend non-certification.