

Case Number:	CM14-0025171		
Date Assigned:	06/11/2014	Date of Injury:	07/18/2011
Decision Date:	07/15/2014	UR Denial Date:	02/17/2014
Priority:	Standard	Application Received:	02/27/2014

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 Pain Medicine, 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 female whose date of injury was 07/18/11. She reportedly was injured while performing data entry. She was diagnosed with left shoulder strain status post surgery, left forearm strain, left wrist/hand strain, left deQuervain tenosynovitis, left elbow strain, and cervical spine strain. The injured worker was seen by [REDACTED] on 02/04/14 with chief complaint of left shoulder and left upper extremity pain. Pain score was reported as 3/10. The injured worker was status post left shoulder surgery on 05/07/11, but continued to complain of left shoulder pain. Current medications were listed as Tramadol, Flexeril, and Naproxen. On examination the injured worker was 61 inches tall and 228 pounds. Range of motion was reduced in the left shoulder with abduction 160 degrees, flexion 170. She reported pain with internal rotation and abduction of left shoulder. There was tenderness in the left shoulder. There was tenderness along the extensor tendons of the left elbow. There was tenderness along the lateral left wrist and at the base of the left thumb metacarpal/phalangeal joint. Electrodiagnostic studies from 10/25/11 showed no electrodiagnostic evidence of left cervical radiculopathy, median or ulnar neuropathy, and all nerve conduction studies were within normal limits. The injured worker underwent cervical epidural steroid injection on 07/31/13 which provided some relief with respect to her neck and arm pain. PR2 progress report dated 02/06/14 from [REDACTED] noted that the injured worker stated she had no significant pain over the shoulder. Regarding the left forearm she stated she still had some discomfort over the extensor muscles of the proximal one third.

IMR ISSUES, DECISIONS AND RATIONALES

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

STEROID INJECTION FOR LEFT SHOULDER: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Online Edition, Chapter: Shoulder, Steroid Injections.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder Chapter, Steroid injections.

Decision rationale: Cortisone injections to treat the shoulder may be indicated as part of an exercise or rehabilitation program; however, there is no indication that the injured worker has been prescribed an exercise rehabilitation program in conjunction with the proposed left shoulder injection. Moreover most recent clinical documentation indicates that the injured worker has no significant pain over the left shoulder. As such, medical necessity is not established for steroid injection for the left shoulder.

STEROID INJECTION FOR LEFT ELBOW: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Online Edition, Chapter: Elbow Injection (corticosteroid).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Elbow Chapter, Injections (corticosteroid).

Decision rationale: Guidelines note that corticosteroid injections may be recommended for medial and lateral epicondylalgia, but note that there is evidence of short term efficacy but simultaneously demonstrating no long term efficacy. Injections should only be considered after three to four weeks of conservative treatment have failed. In this case, there is no documentation that the injured worker has diagnosis of epicondylitis, nor is there any comprehensive history of conservative treatment indicating recent treatment for the left elbow. Accordingly medical necessity is not established.