

Case Number:	CM14-0027150		
Date Assigned:	06/20/2014	Date of Injury:	03/18/2011
Decision Date:	12/17/2014	UR Denial Date:	02/28/2014
Priority:	Standard	Application Received:	03/01/2014

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 Internal Medicine, has a subspecialty in Rheumatology and is licensed to practice in Maryland. 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 51 year old female with date of injury 3/18/2011. The mechanism of injury is stated as cumulative injury. The patient has complained of bilateral shoulder, right arm pain, right hand pain and cervical spine pain since the date of injury. She has been treated with left shoulder arthroscopy with subacromial decompression, right hand extensor tendon release, physical therapy and medications. There are no radiographic reports included for review. Objective: left shoulder tender to palpation, decreased and painful range of motion of the left shoulder, right hand decreased grip strength. Diagnoses: brachial plexus lesions, subacromial impingement syndrome, shoulder pain. Treatment plan and request: Botox injection; ultrasound guidance.

IMR ISSUES, DECISIONS AND RATIONALES

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

Botox injection: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 25-26.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Botox injections Page(s): 25-26.

Decision rationale: The current request is for botox injection. Per the MTUS guidelines cited above, Botox injections are not recommended for chronic pain disorders, but recommended for cervical dystonia. There is no documentation to support a diagnosis of cervical dystonia in this patient. On the basis of the MTUS guidelines and available medical documentation, Botox injection is not indicated as medically necessary.

Ultrasound guidance: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 204.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Botox injections Page(s): 25-26.

Decision rationale: The current request is for ultrasound guidance for botox injection. Per the MTUS guidelines cited above, Botox injections are not indicated as medically necessary in this patient, therefore ultrasound guidance for said procedure is not medically necessary.