

Case Number:	CM14-0035170		
Date Assigned:	06/23/2014	Date of Injury:	07/01/2008
Decision Date:	07/18/2014	UR Denial Date:	02/20/2014
Priority:	Standard	Application Received:	03/21/2014

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 Anesthesiology, has a subspecialty in Pain Medicine, and is licensed to practice in Florida. 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 57-year-old male with a reported date of injury on 07/01/2008. The mechanism of injury was not provided within the documentation available for review. The injured worker presented with low back, neck, left shoulder and right knee pain. The low back pain was rated at 4-5/10, shoulder pain was rated at 1/10 and right knee pain felt like a catching sensation and periodic swelling. Upon physical examination, the injured worker's cervical spine revealed tenderness in the paracervical musculature with full range of motion. The left shoulder revealed slight weakness and full range of motion. The lumbar spine physical exam revealed midline tenderness in the paralumbar musculature, forward flexion to 20 degrees, extension to 15 degrees, and bilateral tilt to 15 degrees. The right knee revealed medial joint line tenderness. In addition, the injured worker presented with positive McMurray's maneuver. The MRI of the left shoulder dated 02/13/2014 revealed joint arthropathy, no evidence of rotator cuff tears. Previous physical therapy and conservative care was not provided within the documentation available for review. The injured worker's diagnosis included cervical discopathy, left shoulder tendinitis, lumbar discopathy, right knee medial meniscal tear, gastrointestinal complaints, sleep disorder, hearing loss and possible left pectoralis muscle tear. The injured worker's medication regimen was not provided within the clinical information available for review. The Request for Authorization for retrospective right knee injection and retrospective left knee shoulder injection was submitted on 03/18/2014. The rationale for the request was not provided within the documentation available for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective right knee injection: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 339. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) (Online)- <http://www.odg-twc.com/odgtec/knee.htm#Corticosteroidinjections> , <http://www.odg-twc.com/odgtwc/shoulder.htm#Steroidinjections>, American College of Rheumatology (ACR).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG.

Decision rationale: The Official Disability Guidelines recommend corticosteroid injections for short term use only. Intra-articular corticosteroid injections result in clinically and statistically insignificant reduction in osteoarthritic knee pain 1 week after injection. The beneficial affect could last up to 3 to 4 weeks, but is unlikely to continue beyond that. Evidence supports short term (up to 2 weeks) improvement in symptoms of osteoarthritis of the knee after intra-articular corticosteroid injections. Criteria for use of the intra-articular glucocorticosteroid injections would include documented symptomatic severe osteoarthritis of the knee, according to American College of Occupational of Rheumatology which requires knee pain and at least 5 of the following: Bony enlargement, bony tenderness, crepitus on active motion, less than 30 minutes of morning stiffness, no palpable warmth of synovial, over 50 years of age, rheumatoid factor less than 1.4, or synovial fluid signs. In addition, the injured worker's pain would be uncontrolled by recommended conservative treatments, pain interferes with functional activities, and intended for short term control of symptoms to resume conservative medical management or delay. The clinical information provided for review lacks documentation of the injured functional deficits, and the injured worker's previous physical therapy and conservative care. The injured worker's medication regimen was not provided within the documentation available for review. In addition, the injured worker is a candidate arthroscopic surgery with meniscectomy of the right knee. There is a lack of documentation related to the injured worker's right knee MRI or previous injections. The request as submitted failed to provide the type of injection that is being requested for the right knee. Therefore, the retrospective right knee injection request is not medically necessary.

Retrospective left shoulder injection: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 339. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) (Online)- <http://www.odg-twc.com/odgtec/knee.htm#Corticosteroidinjections> , <http://www.odg-twc.com/odgtwc/shoulder.htm#Steroidinjections>, <http://www.odg-twc.com/odgtwc/shoulder.htm>; American College of Rheumatology (ACR).

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

Decision rationale: The Official Disability Guidelines recommend nerve blocks indicated. Suprascapular nerve block is a safe and effective treatment for shoulder pain and degenerative disease and/or arthritis. It improves pain, disability and range of movement at the shoulder compared with placebo. Suprascapular nerve blocks have produced faster and more complete resolution of pain and restoration of range of movement than of series of intra-articular injections. The subscapular nerve block is a reliable and extremely effective treatment method in shoulder pain control. The MRI of the left shoulder dated 02/14/2014 revealed joint arthropathy with subchondral marrow edema and periligamentous edema. There was no evidence of rotator cuff tear and the subchondral cyst formation the anterior/inferior glenoid labrum was observe. The request as submitted failed to provide the type of injection being requested. There is a lack of documentation related to the injured worker's previous physical therapy, conservative care or medications utilized. In addition, there is lack of documentation related to the injured worker's functional deficits to include range of motion values. Therefore, the request for retrospective left shoulder injection is non-certified.