

<b>Case Number:</b>	CM14-0049998		
<b>Date Assigned:</b>	07/07/2014	<b>Date of Injury:</b>	02/20/2014
<b>Decision Date:</b>	08/22/2014	<b>UR Denial Date:</b>	04/08/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/17/2014

### 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 Family Practice, and is licensed to practice in California. 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:

58 yr. old male claimant sustained a work injury on 2/20/14 involving the right shoulder and thumb He was diagnosed with a right shoulder and thumb strain with probable DeQuervain's tendonitis. A progress note on 3/14/14 indicated the claimant had undergone physical therapy and continued to have 5/10 pain in the thumb and 5/10 in the shoulder during therapy. Exam findings noted normal range of motion of the shoulder with weakness and pain. The wrists had tenderness diffusely with decreased strength on the right. The physician requested 6 additional visits of therapy with iontophoresis and Dexamethasone solution was prescribed for the iontophoresis.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Dexameth pho inj 4mg #30 (thirty):** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines 2014  
Iontophoresis: Under study.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 212-213. Decision based on Non-MTUS Citation American Journal of Dermatology- The Quantity and Distribution of Radiolabeled Dexamethasone Delivered to Tissue by

Iontophoresis- Nov 1980 Introduction of Antinflammatory Drugs by Iontophoresis: Double Blind Study- 1982 Journal of Orthopedic and Sports Medicine.

**Decision rationale:** Iontophoresis is an electromotive method of drug administration. In this case it was used to drive Dexamethasone into the shoulder joint via an electric current. Although shoulder injections are often performed for delivering anesthetic and steroids, the guidelines do not comment on Iontophoresis as a delivery method. Iontophoresis has limited evidence that shows benefit over intraarticular joint injections. In addition, the amount of treatments requested and the quantity of Dexamethasone are excessive and are not medically necessary.