

Case Number:	CM14-0077467		
Date Assigned:	07/18/2014	Date of Injury:	05/13/2011
Decision Date:	09/15/2014	UR Denial Date:	04/22/2014
Priority:	Standard	Application Received:	05/27/2014

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 Emergency Medicine 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:

The injured worker is a 47 year-old female, who sustained an injury on May 13, 2011. The mechanism of injury occurred when a conveyor belt jammed while she was pushing a box of lettuce which caused a kickback to her elbows and shoulders. Diagnostics have included: January 23, 2014 MRI of the elbow was reported as showing ulnar nerve signal abnormality; December 18, 2012 MRI of the right shoulder was reported as showing cystic foci of the superior margin of the supraspinatus junction of the acromion noted as increased since a prior study; December 18, 2012 MRI of the left shoulder was reported as showing infraspinatus partial tear with mild AC joint arthritis. Treatments have included: medications, physical therapy, chiropractic. The current diagnoses are: right elbow common extensor tendon tearing with radiocapitellar degenerative changes, cervicgia, bilateral shoulder pain, bilateral rotator cuff tears. The stated purpose of the request for corticosteriod injection over the posterior interosseus nerve of the shoulder times three sessions was not noted. The request for corticosteriod injection over the posterior interosseus nerve of the shoulder times three sessions was denied on April 21, 2014, citing a lack of: documentation of details of physical therapy trials, documentation of physical exam evidence in support of the request, delineation of unilateral or bilateral shoulder requests, nor the medical necessity for the requested injections. Per the report dated April 2, 2014, the treating physician noted complaints of bilateral elbow pain. Exam findings included right epicondyle tenderness, biceps tenderness radial tuberosity incursion over the medical epicondyle; bilateral shoulder forward flexion 120 degrees, extension 45 degrees, abduction 100 degrees, external rotation 70 degrees, internal rotation 65 degrees, with positive impingement and O'Brien tests bilaterally. Per the October 18, 2013 QME report, the provider noted recommendations of: platelet rich plasma injections and/or shoulder surgery if needed, chiropractic.

IMR ISSUES, DECISIONS AND RATIONALES

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

CORTICOSTERIOD INJECTION OVER THE POSTERIOR INTEROSSEUS NERVE OF THE SHOULDER X 3 SESSIONS: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES, SHOULDER CHAPTER.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 204 and 213.

Decision rationale: The requested corticosteriod injection over the posterior interosseus nerve of the shoulder times three sessions is not medically necessary. American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004), Chapter 9, Shoulder Complaints, Steroid injections, Page 204 and 213, note "Conservative care, including cortisone injections, can be carried out for at least three to six months before considering shoulder (rotator cuff tear) surgery" and recommend this treatment for impingement syndrome if pain has not been adequately controlled by recommended conservative treatments (physical therapy and exercise, non-steroidal anti-inflammatory drugs (NSAIDs) or acetaminophen) after at least 3 months. The injured worker has bilateral elbow pain. The treating physician has documented right epicondyle tenderness, biceps tenderness radial tuberosity incursion over the medical epicondyle; bilateral shoulder forward flexion 120 degrees, extension 45 degrees, abduction 100 degrees, external rotation 70 degrees, internal rotation 65 degrees, with positive impingement and O'Brien tests bilaterally. The treating physician did not document the following details: which shoulder(s) the requested injections were for; detailed description of failed physical therapy trials, detailed medical indication for this therapeutic intervention. The criteria noted above not having been met, corticosteriod injection over the posterior interosseus nerve of the shoulder times three sessions, is not medically necessary.