MAXIMUS Federal Services

Case Number:	CM14-0079100		
Date Assigned:	07/18/2014	Date of Injury:	03/29/2012
Decision Date:	08/18/2014	UR Denial Date:	04/29/2014
Priority:	Standard	Application Received:	05/29/2014

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, has a subspecialty in Interventional Spine 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 patient is a 35-year-old female with date of injury of 03/29/2012. According to this report, the patient complains of right forearm and shoulder pain. The patient states that her second cortisone injection into the forearm was denied, although she had good response to the first one. She is making good progress with therapy and injection. The patient states that there is a burning sensation over the right forearm and pain in the upper shoulder with a knot in her upper back. She cannot use the arm repeatedly without pain. The physical exam shows there is tenderness over the right subacromial region and over the right lateral epicondyle. Range of motion in the shoulder is full with discomfort. She has a trigger point in the right trapezius, and this refers pain to the shoulder tip. Neck range of motion is full, but she feels pain with rotation to the right. Grip strength is 30 pounds on the right, 37 pounds on the left. Sensation is symmetric over the hands. The Utilization Review denied the request on 02/29/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cortisone injection right lateral epicondyle: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

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

Decision rationale: This patient presents with right forearm and right shoulder pain. The treater is requesting a cortisone injection to the right lateral epicondyle. The MTUS and ACOEM Guidelines do not address this request. However, ODG on steroid injections for epicondylar pain states that it is currently under study. While there is a benefit in short-term relief of pain, patients requiring multiple corticosteroid injections to alleviate pain have a guarded prognosis for continued non-operative management. Corticosteroid injection does not provide any long-term, clinically significant improvement in the outcome of epicondylitis. Rehabilitation should be the first line of treatment in acute cases. The progress report dated 04/08/2014 notes that the patient received one cortisone injection into the forearm and reports good relief. In this case, while the patient reports benefit from cortisone injection, ODG does not recommend the use of cortisone injection for epicondylar pain. The request is not medically necessary.

Right shoulder/right trapezius trigger point injection: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MTUS under its chronic pain section has the following regarding trigger point injections: (pg 122) Trigger point injections Page(s): 122.

Decision rationale: The progress report dated 04/08/2014 shows that the patient has a trigger point in the right trapezius, and this refers pain to the shoulder tip. In this same report, the treater notes that the patient received long-term improvement from a shoulder injection in November 2013 which lasted well into mid to late January with over 50% relief. No radiating symptoms were noted. She has also utilized physical therapy for the shoulder in the past. In this case, the treater has documented all the criteria required by MTUS for repeat trigger point injections. The request is medically necessary.