

Case Number:	CM14-0200104		
Date Assigned:	01/26/2015	Date of Injury:	01/13/2011
Decision Date:	07/20/2015	UR Denial Date:	11/21/2014
Priority:	Standard	Application Received:	12/01/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 56 year old female, who sustained an industrial injury on 1/13/11. The diagnoses have included status post bilateral wrist fusions, underlying rheumatoid arthritis, right distal radial joint instability and synovitis, right index Metacarpophalangeal joint instability and compensatory bilateral shoulder subacromial impingement. Treatment to date has included medications, activity modifications, diagnostics, splinting, surgery and physical therapy. Currently, as per the physician progress note dated 11/10/14, the injured worker complains of a variety of issues. She has been diagnosed with rheumatoid arthritis and reports worsening pain in both shoulders, which she relates to not being able to move her wrists. She also reports instability in the right index finger. The objective findings reveal tenderness at the distal radial ulnar joint bilaterally, worse on the right than the left. The physician noted that x-rays of the right wrist show degenerative changes at the distal radial ulnar joint. There are positive impingement signs bilaterally. There is tenderness over the acromioclavicular joint (AC) joints and greater tuberosities. There is instability of the right index finger metacarpophalangeal joint with hyperextension at the Metacarpophalangeal joint and a swan neck type deformity. There is previous therapy sessions noted. The physician notes that the injured worker was given nerve block to the left shoulder followed by an injection of the left shoulder subacromial space with 6 units of Kenalog, 3cc of 0.5% Marcaine.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Injection of the left shoulder subacromial space 6 units of kenalog, 3cc of 0.5% marcaine:
Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 204, 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) Shoulder (Acute & Chronic), Steroid injections and Other Medical Treatment Guidelines American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 6, p60.

Decision rationale: The claimant sustained a work injury in January 2011 and continues to be treated for chronic pain. When seen, there was shoulder tenderness with positive impingement testing. A subacromial injection and nerve block were performed. A steroid injection is recommended as an option when shoulder pain is not controlled adequately by recommended conservative treatments including physical therapy, exercise, and medications after at least 3 months. In this case, the claimant continued to have symptoms. Physical examination findings supported the injection being requested. Guidelines state that local anesthetic injections have been used to diagnose certain pain conditions that may arise out of occupational activities, or due to treatment for work injuries. Local anesthetic injections may be useful when differentiating pain due to compression of a nerve from other causes. In this case, the claimant had ongoing left shoulder pain. However, performing more than one type of injection at a single session is not consistent with accepted practice. Multiple procedures serve only to confuse the claimant's clinical picture and do not help in clarifying the claimant's diagnosis or provide insight into his response to specific therapeutic interventions. The requested procedures were not medically necessary.

1 Nerve block to the left shoulder: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder (Acute & Chronic), Steroid injections and Other Medical Treatment Guidelines American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 6, p60.

Decision rationale: The claimant sustained a work injury in January 2011 and continues to be treated for chronic pain. When seen, there was shoulder tenderness with positive impingement testing. A subacromial injection and nerve block were performed. A steroid injection is recommended as an option when shoulder pain is not controlled adequately by recommended conservative treatments including physical therapy, exercise, and medications after at least 3 months. In this case, the claimant continued to have symptoms. Physical examination findings supported the injection being requested. Guidelines state that local anesthetic injections have been

used to diagnose certain pain conditions that may arise out of occupational activities, or due to treatment for work injuries. Local anesthetic injections may be useful when differentiating pain due to compression of a nerve from other causes. In this case, the claimant had ongoing left shoulder pain. However, performing more than one type of injection at a single session is not consistent with accepted practice. Multiple procedures serve only to confuse the claimant's clinical picture and do not help in clarifying the claimant's diagnosis or provide insight into his response to specific therapeutic interventions. The requested procedures were not medically necessary.