

Case Number:	CM14-0213417		
Date Assigned:	12/30/2014	Date of Injury:	08/28/2012
Decision Date:	07/14/2015	UR Denial Date:	12/16/2014
Priority:	Standard	Application Received:	12/19/2014

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: Arizona, California

Certification(s)/Specialty: Family Practice

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 presently a 52 year old female who sustained an industrial injury on 08/28/2012. Mechanism of injury occurred when she backed into a wall and jammed her shoulder while vacuuming. The injured worker also had a work related injury on 11/03/2011, and on 06/23/2006. Diagnoses include left shoulder impingement syndrome with sharp SA spur pointing medially and degenerative joint disease, and acromioclavicular joint with inferior degenerative joint disease spurs, right cervical strain with right upper extremity cervical radiculitis, medial epicondylitis, right elbow, status post arthroscopy right shoulder arthroscopy with SAD and extensive debridement, Mumford, SLAP repair, mini open rotator cuff repair and injection with Marcaine 0.25%, plain ASAP on 01/05/2014, and lateral epicondylitis of the right elbow. Treatment to date has included diagnostic studies, status post right shoulder SLAP surgery on 01/15/2014, physical therapy, home exercise, and medications. Magnetic Resonance Imaging of the right elbow dated 10/30/2014 showed a very low grade intrasubstance tearing of the common flexor tendon at the medial epicondyle origin, on a background of tendinosis, and mild tendinosis of the common extensor tendon. A physician progress note dated 11/13/2014 documents the injured worker complains of bilateral shoulder pain and cervical spine pain. She has right trapezius pain radiating to the shoulder with posterior upper arm and medial right elbow pain and muscle cramping in the right forearm. She rates her pain as 10 out of 10. Her shoulder pain is causing clicking, weakness and warmth in the area. Her right shoulder has a positive impingement sign and crepitus. There is no detectable anterior or posterior laxity. Her left shoulder has a positive impingement sign, positive acromioclavicular joint tenderness and

positive crepitus. Her cervical spine is tender to palpation of the paracervical, levator scapulae, medial trapezius and parascapular muscles, range of motion is restricted and Spurling's sign is positive. The treatment plan includes continuation of active range of motion to the right elbow 4 times a day, continuation of Omeprazole, Ultracet ER, Voltaren gel, and a hand consult and treatment right elbow pain and tenderness over the ulnar nerve distal to medial epicondyles. Treatment requested is for series of Decadron injections, right elbow QTY: 3.00.

IMR ISSUES, DECISIONS AND RATIONALES

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

Series of Decadron injections, right elbow QTY: 3.00: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Integrated Treatment / Disability Duration Guidelines, Elbow (Acute & Chronic), Injections (corticosteroid).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007), Chapter 14 Ankle and Foot Complaints Page(s): 41.

Decision rationale: According to the guidelines, Local Corticosteroid injection are recommended for medial and lateral epicondylalgia but have of short term efficacy while it has no long-term efficacy. It is optional for use in the olecranon bursa. In this case, an MRI of the right elbow in 10/2014 only showed mild tendonosis. The claimant had undergone therapy and oral analgesics and had persistent pain. The request for the injections is appropriate and medically necessary.