

Case Number:	CM15-0100857		
Date Assigned:	06/03/2015	Date of Injury:	08/09/2013
Decision Date:	07/01/2015	UR Denial Date:	05/11/2015
Priority:	Standard	Application Received:	05/26/2015

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: California

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 49 year old male, who sustained an industrial injury on 8/9/2013. He reported injury from a fall. The injured worker was diagnosed as having a fracture of the right distal radius, nonunion of the ulnar styloid right shoulder sprain/strain, tendinitis/impingement, right elbow sprain/strain, lateral epicondylitis, lumbar sprain/strain, lumbar herniated disc, right knee sprain/strain, anxiety, depression and insomnia. A recent diagnostic study of the bilateral upper extremities was abnormal with evidence of right carpal tunnel syndrome. Treatment to date has included medication management. In a progress note dated 1/29/2015, the injured worker complains of pain in the shoulder, neck and lower back with pain radiating to the bilateral upper extremities, rated 6-7/10. Physical examination showed cervical tenderness, right shoulder tenderness and rotator cuff tenderness with a positive impingement test. The treating physician is requesting ultrasound guided corticosteroid injections to the right wrist, elbow and shoulder.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultrasound guided corticosteroid injection right wrist: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 265-266.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 264. Decision based on Non-MTUS Citation Official Disability Guidelines Carpal Tunnel Syndrome - injections/diagnostic ultrasound.

Decision rationale: MTUS and ODG Guidelines support at least a single steroid injection for carpal tunnel syndrome. Neither Guidelines discusses the medical necessity of ultrasound Guidance, but the Guidelines point out there can be complications involving nerve damage and that the nerve can be well visualized on ultrasound. Under these circumstances, the request for the ultrasound guided right wrist corticosteroid injection is consistent with Guidelines and is medically necessary.

Ultrasound guided corticosteroid injection elbow: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 201-205.

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

Decision rationale: ODG Guidelines include up-to-date studies that do not support even a single steroid injection for lateral epicondylitis. The Guidelines point out the lack of sustained improvement and also point out the long term outcomes are worse for individuals who have had injected steroids. The Guidelines do not support the requested ultrasound guided corticosteroid injection elbow. There are no unusual circumstances to justify an exception to the Guidelines, the injection is not medically necessary.

Ultrasound guided corticosteroid injection shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 33-40.

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

Decision rationale: MTUS Guidelines do not address specific aspects of this request i.e. the medical necessity of ultrasound Guidance. ODG Guidelines address the issue in detail and conclude that ultrasound guidance is not medically necessary for shoulder steroid injections. Quality studies have not shown any improvements in outcomes as a result of its use. There are no unusual circumstances such as prior fractures or unusual anatomy to justify an exception to Guidelines. The ultrasound guided corticosteroid injection of the shoulder is not medically necessary.