

Case Number:	CM15-0108894		
Date Assigned:	06/15/2015	Date of Injury:	10/21/1999
Decision Date:	07/14/2015	UR Denial Date:	05/27/2015
Priority:	Standard	Application Received:	06/05/2015

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, Indiana, New York
Certification(s)/Specialty: Internal 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 62 year old female who sustained an industrial injury on 10/21/99. Initial complaints and diagnoses are not available. Treatments to date include physical therapy, medications, and TENS. Diagnostic studies include MRIs of the cervical spine and left shoulder and nerve conduction studies of the upper extremities, none of which are available for review. Current complaints include pain in the left rib cage, pectoralis muscle, left shoulder and neck. Current diagnoses include cervical degenerative disc disease, cervicgia, facet arthropathy, impingement of the left shoulder, left shoulder bursitis/tendonitis/tendinopathy, De Quervain's syndrome left wrist, bilateral carpal tunnel syndrome, and depression. In a progress note dated 05/08/15 the treating provider reports the plan of care as ultrasound of the left upper rib cage, and injection of steroid along the extensor polices longus on the left, and in the left shoulder acromion. The requested treatments include injection of steroid along the extensor polices longus on the left, and in the left shoulder acromion.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 injection under acromium left shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 204. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder (Acute & Chronic); Steroid injections.

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

Decision rationale: Pursuant to the Official Disability Guidelines, one injection under acromion left shoulder is not medically necessary. The criteria for steroid injections include adhesive capsulitis, impingement syndrome, or rotator cuff problems, except for post-traumatic impingement syndrome of the shoulder; not controlled adequately by conservative treatment; pain interferes with functional activities; intended for short-term control of symptoms to resume conservative medical management; generally performed without ultrasound guidance; only one injection to start, rather than a series of three; a second injection is not recommended if the first has resulted in complete resolution of symptoms or there has been no response; the number of injections should be limited to three. In this case, the injured worker's working diagnoses are cervical disc, degenerative disc disease; facet arthropathy; cervicalgia; impingement left shoulder; left shoulder bursitis, tendinitis and tendinopathy; DeQuervains syndrome left wrist; carpal tunnel syndrome bilaterally; and depression. The injured worker has recurrent symptoms involving the neck and left shoulder as far back as October 9, 2013; March 7, 2014; December 2, 2014 and May 8, 2015. The injured worker received a steroid injection to the left shoulder (subacromial). There is no documentation indicating whether there was objective functional improvement as a result of the steroid injection. The guidelines do not recommend the second injection if the first has resulted in complete resolution of symptoms or there has been no response. The medical record documentation shows the injured worker's symptoms remained relatively unchanged. The May 8, 2015 progress note shows left shoulder and neck pain with numbness and tingling in the left hand. The pain score was 8/10 and the injured worker continues to use a TENS unit. Consequently, absent post-injection clinical documentation with objective functional improvement and subjective functional improvement, one injection under acromion left shoulder is not medically necessary.

1 steroid injection along pollicis longus tendon on the left: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 265. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Forearm, Wrist and Hand (Acute & Chronic), Injection.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Forearm, wrist, and hand section, Injections.

Decision rationale: Pursuant to the Official Disability Guidelines, one steroid injection along pollicis longus left is not medically necessary. Steroid injections are recommended for trigger fingers and for DeQuervain's tenosynovitis. In this case, the injured worker's working diagnoses are cervical disc, degenerative disc disease; facet arthropathy; cervicalgia; impingement left

shoulder; left shoulder bursitis, tendinitis and tendinopathy; DeQuervain's syndrome left wrist; carpal tunnel syndrome bilaterally; and depression. The injured worker has recurrent symptoms involving the neck and left shoulder as far back as October 9, 2013; March 7, 2014; December 2, 2014 and May 8, 2015. The injured worker received a steroid injection to the left shoulder (subacromial) and along the extensor pollicis longus on the left. There is no documentation indicating whether there was objective functional improvement as a result of the steroid injection. The guidelines do not recommend the second injection if the first has resulted in complete resolution of symptoms or there has been no response. The medical record documentation shows the injured worker's symptoms remained relatively unchanged. According to a progress note dated May 8, 2015, other than numbness and tingling in the left wrist and hand there are no other complaints such as pain with movement. Objectively, there is "pain under the medial compartment of the wrist and lateral compartment of the wrist." There is also mild swelling of the left wrist. Steroid injections are recommended for trigger finger and DeQuervain's tenosynovitis. The documentation is unclear as to whether the injection is for DeQuervain's tenosynovitis. As noted above, there is no documentation demonstrating objective functional improvement or subjective functional improvement with the prior steroid injection to the extensor pollicis longus on the left. Consequently, absent clinical documentation with objective functional improvement, subjective functional improvement with the prior steroid injection and clarification as to the specific indication for the steroid injection, one steroid injection along pollicis longus left is not medically necessary.