

<b>Case Number:</b>	CM15-0164534		
<b>Date Assigned:</b>	09/01/2015	<b>Date of Injury:</b>	02/16/2000
<b>Decision Date:</b>	10/15/2015	<b>UR Denial Date:</b>	08/05/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/21/2015

### 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 45-year-old female who sustained an industrial-work injury on 2-16-00. She reported an initial complaint of neck and shoulder pain. The injured worker was diagnosed as having radial styloid tenosynovitis, right wrist de Quervain's tendinitis, ulnar styloiditis, carpal tunnel syndrome right wrist, and supraspinatus tendinitis right shoulder. Treatment to date includes medication, ketorolac injection, and right shoulder injection on 6-10-14. Currently, the injured worker complained of neck stiffness and pain, frequent headaches, radiating pain down both shoulders and arms, greater on the right. The right shoulder has pain, popping, and clicking, with swelling and limited range of motion. The right wrist has pain and stiffness, swelling in the hands, fingers, and forearm. Per the primary physician's report (PR-2) on 6-17-15, exam noted tenderness over the supraspinatus, coracoid, bicipital groove, AC (acromioclavicular) joint and deltoid, right shoulder, tender over radial styloid, right wrist. The requested treatments include Exercise kit for shoulder, elbow neoprene wrap, Fellowes office suites adjustable foot rest and 3M in-line document holder, Ketorolac 60mg with xylocaine 1ml, Cortisone injection of depo medrol 40mg and lidocaine 8cc to right shoulder, and Cortisone injection of depo Medrol 40mg and lidocaine 3cc to right de Quervains tunnel.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Exercise kit for shoulder:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Blue Cross Clinical UM Guideline, Durable Medical Equipment, Guideline #: CG-DME-10, Last Review Date: 02/13/2014.

**Decision rationale:** The MTUS and the Official Disability Guidelines are silent on this issue. According to the Blue Cross Clinical UM Guideline, health club memberships, workout equipment, charges from a physical fitness or personal trainer, or any other charges for activities, equipment, or facilities used for physical fitness, even if ordered by a doctor are not medically necessary. Exercise kit for shoulder is not medically necessary.

**Elbow neoprene wrap:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Elbow Chapter splinting (padding).

**MAXIMUS guideline:** Decision based on MTUS Elbow Complaints 2007, Section(s): Chronic Pain Considerations.

**Decision rationale:** According to the MTUS, elbow wraps have not been shown to have any lasting benefit beyond the acute phase of symptom relief. Based on the patient's stated date of injury, the acute phase of the injury has passed. At present, based on the records provided, and the evidence-based guideline review, the request is non-certified. Elbow neoprene wrap is not medically necessary.

**Fallowes office suites adjustable foot rest and M in-line document holder:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ADA.gov homepage, Americans with Disabilities Act (ADA), 2010 ADA Standards.

**Decision rationale:** "The employers (or insurers) willingness and ability to eliminate obstacles, and arrange an appropriate on-the-job recovery, based on the providers work prescription, will determine the date when the employee actually gets back to work. Additionally, employers consistently monitor and evaluate the progress of return-to-work programs in order to identify opportunities for improvement." The employer is under no obligation to provide equipment that is not medically necessary simply to increase the employee's comfort. If, however, the employee has permanent impairment, which qualifies as a disability under the Americans with Disabilities

Act of 1990, the ADA requires employers to provide necessary reasonable accommodations for qualified individuals with disabilities. This typically requires the employee to provide documentation from the treating physician that: (1) describes the nature, severity, and duration of the employee's impairment, the activity or activities that the impairment limits, and the extent to which the impairment limits the employee's ability to perform the activity or activities; and (2) substantiates why the accommodation is needed, in this case an adjustable foot rest. Documentation present in the medical record currently does not substantiate the request. Fallowes office suites adjustable foot rest and M in-line document holder are not medically necessary.

**Ketorolac 60mg with xylocaine 1ml: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Ketorolac (Toradol).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), Injection with anesthetics and/or steroids.

**Decision rationale:** According to the Official Disability Guidelines, an injection must be given with the intent of relieving pain, improving function, decreasing medications, and encouraging return to work. Repeat pain and other injections not otherwise specified in a particular section in ODG, should at a very minimum relieve pain to the extent of 50% for a sustained period, and clearly result in documented reduction in pain medications, improved function, and/or return to work. There is no documentation of the above criteria. Ketorolac 60mg with xylocaine 1ml is not medically necessary.

**Cortisone injection of depo Medrol 40mg and lidocaine 8cc to right shoulder: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Shoulder Complaints 2004.

**MAXIMUS guideline:** Decision based on MTUS Shoulder Complaints 2004, Section(s): General Approach.

**Decision rationale:** The MTUS states that 2 or 3 subacromial injections of local anesthetic and cortisone preparation over an extended period as part of an exercise rehabilitation program to treat rotator cuff inflammation, impingement syndrome, or small tears may be recommend. Evidence of a recent comprehensive conservative treatment protocol trial and failure has not been submitted. Detailed evidence of severe and/or progressive deficits has not been documented. The clinical information submitted for review fails to meet the evidence-based guidelines for the requested service. Cortisone injection of depo Medrol 40mg and lidocaine 8cc to right shoulder is not medically necessary.

**Cortisone injection of depo Medrol 40mg and lidocaine 3cc to right de Quervains tunnel:  
Overturned**

**Claims Administrator guideline:** Decision based on MTUS Forearm, Wrist, and Hand Complaints 2004.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Injection, Forearm, Wrist, & Hand (Acute & Chronic), (Not including "Carpal Tunnel Syndrome").

**Decision rationale:** According to the Official Disability Guidelines, hand and wrist injections are recommended for hypertrophic scars, keloids, trigger finger, and de Quervain tenosynovitis. Corticosteroid injections are 83% curative for de Quervain's tenosynovitis, with the highest cure rate vs the use of nonsteroidal anti-inflammatory drug therapy (14%), splinting (0%), or combination therapy (0%). This patient does carry the diagnosis of de Quervian tenosynovitis. I am reversing the previous utilization review decision. Cortisone injection of depo Medrol 40mg and lidocaine 3cc to right de Quervains tunnel is medically necessary.