

<b>Case Number:</b>	CM15-0181633		
<b>Date Assigned:</b>	09/22/2015	<b>Date of Injury:</b>	11/25/2010
<b>Decision Date:</b>	11/03/2015	<b>UR Denial Date:</b>	09/04/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/15/2015

### 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, Hawaii

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 32 year old female, who sustained an industrial injury on 11-25-2010. A review of the medical records indicates that the injured worker (IW) is undergoing treatment for carpal tunnel syndrome, left-sided DeQuervain's tenosynovitis, and left lateral epicondylitis of the elbow. Medical records ( 03-16-2015 to 08-26-2015) indicate ongoing and worsening neck and shoulder pain described as aching, numbness, pin and needles like, pressure, sharp, shooting, stabbing, throbbing, tingling, burning and soreness. Pain was noted to radiate to the left upper extremity, and pain levels were 8 out of 10 on a visual analog scale (VAS) on average and 9 out of 10 at its worst. Records also indicate difficulty sleeping and restrictions on activities. Per the treating physician's progress report (PR), the IW has returned to work with full duty. The physical exam, dated 08-26-2015, revealed positive Tinel's test (left), positive carpal tunnel compression test (left), positive Phalen's test (left), diminished sensation in the left upper extremity, decreased grip strength on the left, tenderness in the left-sided biceps tendon origin, positive Neer's test in the left shoulder (left), positive Hawkin's test (left), positive supraspinatus test (left), positive Yergason's test (left), and positive apprehension test (left). There were no changes from previous exam dated 05-28-2015. Relevant treatments have included injections with improvement in pain levels, work restrictions, and pain medications. The request for authorization (08-26-2015) shows that the following procedure was requested: left biceps tendon origin injection (x1). The original utilization review (09-04-2015) modified the request for left biceps tendon origin injection (x1) which was modified to left biceps tendon origin cortisone injection (x1) based on the provider not specifying what type of injection.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Left shoulder biceps tendon origin injection x1:** Overturned

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

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

**Decision rationale:** The patient presents with ongoing and worsening neck and shoulder pain. The current request is for left shoulder biceps tendon origin injection x1. The treating physician states, in a report dated 08/26/15, "I am requesting authorization for biceps tendon origin injection. This patient continues to have chronic intractable pain that continues to require medication management at the present time". (14B) The ACOEM guidelines recommend cortisone injections for the treatment of rotator cuff inflammation, impingement syndrome or small tears. In this case, the treating physician, based on the records available for review, states "She has symptoms and signs for rotator cuff tear as well as biceps tendinitis and impingement syndrome". (14B) The patient is also noted to have had poor outcome to surgery on the right side and is hesitant to proceed with left side surgery. As the treatment is in accordance with ACOEM guidelines, the current request is medically necessary.