

Case Number:	CM15-0188312		
Date Assigned:	09/30/2015	Date of Injury:	11/10/2012
Decision Date:	11/09/2015	UR Denial Date:	09/17/2015
Priority:	Standard	Application Received:	09/24/2015

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: Montana, Oregon, Idaho
 Certification(s)/Specialty: Orthopedic Surgery

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 female who sustained an industrial injury on 11/10/2012. Current diagnoses include peri arthritis-right wrist, carpal tunnel syndrome-right upper limb, and complete rotator cuff tear or rupture of right shoulder. Report dated 09-10-2015 noted that the injured worker presented with complaints that included more swelling and pain in the palm of the right hand and right shoulder pain. Pain level was not included. Physical examination performed on 09-10-2015 revealed a recurrent cyst in the right palm, thick keloid scar that is painful, cannot hyper extend the MP joint because of the scar, and cannot put hand flat. Previous diagnostic studies included an MRI of the right shoulder. Previous treatments included medications, injection, and surgical intervention. The worker received a trigger finger injection x 2 and on 8/27/15 underwent a right long and ring finger tenosynovectomy. She also underwent a carpal tunnel injection x1 with 2 weeks of symptom relief. The treatment plan included modified work duties, request for physical therapy, request for subacromial injection, and Hydrocodone. Request for authorization dated 09-10-2015, included requests for physical therapy, sub-acromial injection, and Hydrocodone. The utilization review dated 09-17-2015, non-certified the request for subacromial injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

Subacromial injection DepoMedrol 40mg, right hand: Upheld

Claims Administrator guideline: Decision based on MTUS Forearm, Wrist, and Hand Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) 2015 Forearm, Wrist and Hand chapter, Carpal tunnel syndrome chapter.

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

Decision rationale: According to CA MTUS/ACOEM guidelines second edition, Chapter 9, Shoulder complaints, page 204, Initial care, subacromial injection may be indicated after conservative therapy for two to three weeks. In this case, the exam note from 9/11/15 does not indicate if conservative care has been attempted and failed for the right shoulder. There is no mention of previous physical therapy for her right shoulder and no mention of activity modifications for her shoulder. Therefore, the guideline has not been satisfied and request is not medically necessary.