

Case Number:	CM15-0191992		
Date Assigned:	10/06/2015	Date of Injury:	10/29/2014
Decision Date:	12/08/2015	UR Denial Date:	09/24/2015
Priority:	Standard	Application Received:	09/29/2015

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: Texas, Florida, 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 64 year old female who sustained an industrial injury on 10-29-2014. A review of medical records indicates the injured worker is being treated for post-op status, surgery on both shoulders and both carpal tunnels, post-op status recent right hand surgery, and post-op injection right small finger, current triggering, right long finger. Medical records dated 5-28-2015 noted pain and tightness of the right ring finger and received an injection, which helped 70%. There was numbness in the palm of the right hand, with worsening pain in the right and left shoulder. Physical examination noted increased tenderness and triggering to the right long finger and increased tenderness and triggering of the right little finger. Treatment has included physical therapy, Lidocaine since at least 7-16-2015, and Norco and Ativan since at least 6-5-2014. Utilization review form dated 9-24-2015 modified bilateral shoulder subacromial injection and noncertified lidocaine patches, MRA of the left and right shoulder.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral shoulder subacromial injection under ultrasound guidance: Upheld

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

MAXIMUS guideline: Decision based on MTUS General Approaches 2004, Section(s): Initial Approaches to Treatment.

Decision rationale: American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Page 48, Initial Approaches to Treatment, Chapter 3, Injections. This claimant has had surgery on both shoulders. The request is for injection due to pain. The MTUS however notes that injections of corticosteroids or local anesthetics or both should be reserved for patients who do not improve with more conservative therapies. Steroids, especially in post surgical tissues, can weaken tissues and predispose to reinjury. Local anesthetics can mask symptoms and inhibit long-term solutions to the patient's problem or intraarticular administration, including infection and unintended damage to neurovascular structures. Regarding shoulder steroid injections, the ODG note: Variations in corticosteroid/anesthetic doses for injecting shoulder conditions among orthopaedic surgeons, rheumatologists, and primary-care sports medicine and physical medicine and rehabilitation physicians suggest a need for additional investigations aimed at establishing uniform injection guidelines. (Skedros, 2007) The effective dosing for post shoulder surgery shoulder injections has not been studied. It would not be prudent to inject in this post surgical clinical setting. The request is not medically necessary.

Lidocaine patch 5% #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Lidoderm (lidocaine patch).

Decision rationale: Chronic Pain Medical Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) page 56 of 127. Lidoderm is the brand name for a lidocaine patch produced by Endo Pharmaceuticals. Topical lidocaine may be recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an AED such as gabapentin or Lyrica). This is not a first-line treatment and is only FDA approved for post-herpetic neuralgia. It is not clear the patient had forms of neuralgia, and that other agents had been first used and exhausted. The MTUS notes that further research is needed to recommend this treatment for chronic neuropathic pain disorders other than post-herpetic neuralgia. The request is not medically necessary and was appropriately non-certified under MTUS.

MRA (magnetic Resonance Arthrogram) of the left shoulder: 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) Treatment in Workers Compensation (TWC): Procedure Summary Online Version last updated 09/08/2015, MR Arthrogram.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Shoulder, MRA.

Decision rationale: The current California web-based MTUS collection was reviewed in addressing this request. The guidelines are silent in regards to this request. Therefore, in accordance with state regulation, other evidence-based or mainstream peer-reviewed guidelines will be examined. Regarding shoulder MRI arthrography, the evidence-based guides note that subtle tears that are full thickness are best imaged by arthrography, whereas larger tears and partial-thickness tears are best defined by MRI. This is based on the research of Oh: Oh CH, Schweitzer ME, Spettell CM, Internal derangements of the shoulder: decision tree and cost-effectiveness analysis of conventional arthrography, conventional MRI, and MR arthrography. Skeletal Radiol 1999 Dec; 28(12):670-8. Department of Radiology, Thomas Jefferson University Hospital, Philadelphia, PA 19107, USA. In this case, signs of progressive worsening of a orthopedic condition is not noted; the role of this invasive imaging is not clear. At this review, I would not endorse certification. Therefore, the request is not medically necessary.

MRA (magnetic Resonance Arthrogram) of the right shoulder: 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) Treatment in Workers Compensation (TWC): Procedure Summary Online Version last updated 09/08/2015, MR Arthrogram.

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

Decision rationale: The current California web-based MTUS collection was reviewed in addressing this request. The guidelines are silent in regards to this request. Therefore, in accordance with state regulation, other evidence-based or mainstream peer-reviewed guidelines will be examined. As shared earlier for the left shoulder, the evidence-based guides note that subtle tears that are full thickness are best imaged by arthrography, whereas larger tears and partial-thickness tears are best defined by MRI. This again is based on the research of Oh: Oh CH, Schweitzer ME, Spettell CM, Internal derangements of the shoulder: decision tree and cost-effectiveness analysis of conventional arthrography, conventional MRI, and MR arthrography. Skeletal Radiol 1999 Dec; 28(12):670-8. Department of Radiology, Thomas Jefferson University Hospital, Philadelphia, PA 19107, USA. As previously noted, signs of progressive worsening of a orthopedic condition is not noted; the role of this invasive imaging is not clear. At this review, I would not endorse certification. Therefore, the request is not medically necessary.