

Case Number:	CM15-0200475		
Date Assigned:	10/15/2015	Date of Injury:	06/16/2012
Decision Date:	11/25/2015	UR Denial Date:	09/15/2015
Priority:	Standard	Application Received:	10/13/2015

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: New York, Pennsylvania, Washington
 Certification(s)/Specialty: Internal Medicine, Geriatric 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 43 year old female, who sustained an industrial injury on 6-16-2012. The injured worker was being treated for lumbosacral spine disc protrusion, right wrist carpal tunnel syndrome and tear of the triangular fibrocartilage complex, left wrist moderate carpal tunnel syndrome, and right shoulder moderate impingement. Treatment to date has included diagnostics, lumbar epidural injection, and medications. On 8-21-2015, the injured worker complains of pain in her right shoulder, low back, and right knee. Right shoulder pain was rated 8 out of 10 (not rated on 7-10-2015 or 5-29-2015). She reported that she was advised to discontinue therapy (unspecified) "due to no improvements". Exam of the right shoulder noted flexion 120 degrees, extension 15, abduction 110, adduction 25, internal rotation 35, and external rotation 40. Impingement test was positive on the right. There was tenderness over the greater tuberosity of the right humerus and subacromial grinding and clicking of the right humerus, along with tenderness over the right rotator cuff muscles. Body mass index was not noted. Work status was total temporary disability. Medication refills were not requested and medications on 7-10-2015 were noted as Prilosec, and Ultram ER. Per the Request for Authorization dated 8-21-2015, the treatment plan included ultrasound guided corticosteroid injection of the right shoulder and bilateral wrists (for pain relief), modified by Utilization Review on 9-15-2015 to allow corticosteroid injection for the right shoulder only, without ultrasound guidance.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultrasound guided corticosteroid injection of the right shoulder and bilateral wrists:
Upheld

Claims Administrator guideline: Decision based on MTUS Shoulder Complaints 2004, Section(s): Initial Care, and Forearm, Wrist, and Hand Complaints 2004, Section(s): Initial Care. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder (updated 9/8/15) Steroid injections and ODG Forearm, Wrist and Hand (updated 6/29/15) Ultrasound, diagnostic.

MAXIMUS guideline: Decision based on MTUS Shoulder Complaints 2004, Section(s): Initial Assessment, Initial Care, and Forearm, Wrist, and Hand Complaints 2004, Section(s): Physical Methods.

Decision rationale: Per the ACOEM, most invasive techniques, such as injection procedures for the wrists, have insufficient high quality evidence to support their use. For optimal care, a clinician may always try conservative methods before considering an injection. In shoulder pain, invasive techniques have limited proven value. If pain with elevation significantly limits activities, a subacromial injection of local anesthetic and a corticosteroid preparation may be indicated after conservative therapy (i.e., strengthening exercises and nonsteroidal anti-inflammatory drugs) for two to three weeks. The goals for the injections are not substantiated with regards to pain control or functional status and why injections are required in addition to treatment with medications or that the worker failed conservative management. The records do not substantiate the medical necessity for the bilateral wrist or shoulder injections. The request is not medically necessary.