

Case Number:	CM15-0204011		
Date Assigned:	10/20/2015	Date of Injury:	07/18/2014
Decision Date:	12/02/2015	UR Denial Date:	10/02/2015
Priority:	Standard	Application Received:	10/16/2015

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, Indiana, New York
 Certification(s)/Specialty: Internal 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:

This 51 year old male sustained a work related injury on 07-18-2014. According to a progress report dated 05-08-2015, the injured worker reported that his clavicle continued to be red with soreness. He was there for his lab results. He had been sent for labs to rule out an infection of osteomyelitis in the proximal clavicle. Tenderness to palpation was noted. His C-reactive protein and sedimentation rate were normal. Impression included right sternoclavicular subluxation. The right sternum clavicular joint was injected with Marcaine and Kenalog. According to a progress report dated 08-17-2015, the injured worker reported neck pain extending into the bilateral trapezius and mid scapular region with numbness down the right arm through the forearm into the hand with posterior headaches. Symptoms were rated 6 on a scale of 1-10 with medication and increased to 8 without medications. He reported right clavicle pain rated 7-8 with medication and increased to 9-10 without medication. Current medications included Norco 5-325 mg and 10-325 mg, Morphine 60 mg and Flexeril 10 mg. Prescriptions were given for Duexis 800-26.6 mg three times a day #90, Norco 10-325 mg every 4 hours as needed #120 and Restoril 30 mg #30. He had difficulty with bathing, dressing, eating, brushing teeth, combing hair, toileting, standing, sitting, reclining, walking, grasping, lifting, tactile discrimination, sexual function and sleeping. X-rays of the cervical spine performed on 08-17-2015 showed severe C5-6 and moderate C6-7 disc height loss, no instability and no fracture, Type II acromion right shoulder and Grade I-II spondylolisthesis of L5 on S1 with severe disc height loss as well as pars defect. Assessment included C5-7 disc degeneration, right cervical radiculopathy with C6 weakness and decreased sensation, right shoulder impingement syndrome with AC joint degenerative joint

disease, right sternoclavicular degeneration and L5-S1 severe disc degeneration with Grade I-II spondylolisthesis. Recommendations included electrodiagnostic studies of the upper extremities, right shoulder subacromial steroid injection, referral for potential proximal clavicle resection, trial of chiropractic therapy, Duexis, Norco and Restoril. Follow-up was indicated in 4-6 weeks. The injured worker was temporarily partially disabled. Modified duty was prescribed. An authorization request dated 08-17-2015 was submitted for review. The requested services included electrodiagnostic studies of the upper extremities, right shoulder subacromial steroid injection, referral for potential proximal clavicle resection, chiropractic therapy, Duexis, Norco and Restoril. An authorization requested dated 09-24-2015 was submitted for review. The requested services included injection for date of service 05-08-2015. On 10-02-2015, Utilization Review non-certified the request for retro cortisone injection sternoclavicular joint performed date of service 05-08-15 quantity 1, unclassified drugs quantity 1 and injection Triamcinolone Acetonide quantity 1.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retro cortisone injection sternoclavicular joint performed DOS 05/08/15 Qty: 1.00: Upheld

Claims Administrator guideline: Decision based on MTUS Shoulder 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) Shoulder section, Injections.

Decision rationale: Pursuant to the Official Disability Guidelines, retrospective cortisone injection sternoclavicular joint date of service May 8, 2015 #1 is not medically necessary. Steroid injections to the shoulder are recommended according to the criteria in the Official Disability Guidelines. A diagnosis of adhesive capsulitis, impingement syndrome or rotator cuff problems, except for posttraumatic impingement of the shoulder; not controlled adequately by recommended conservative treatments (PT, nonsteroidal anti-inflammatory's), after at least three months; pain interferes with functional activities; generally performed without fluoroscopy or ultrasound guidance; only one injection to start, rather than a series of three; a second injection is not recommended if the first resulted in complete resolution of symptoms or no response; and the number of injections should be limited to three. In the shoulder, conventional anatomical guidance by an experienced clinician is generally adequate. Ultrasound guidance does not improve the efficacy of the steroid injection. In this case, the injured worker's working diagnosis is right sternoclavicular subluxation. The date of injury is July 18, 2014. Request for authorization is September 24, 2015 referencing a May 8, 2015 progress note. According to a May 8, 2015 progress note, the injured worker presented for his laboratory results. A CBC, sed rate and C-reactive protein were ordered. There was redness with soreness over the clavicle. Objectively, the documentation states tenderness to palpation but does not provide a location. Muscle strength is 5/5. Range of motion is unchanged significantly, but the documentation does not state what area is evaluated. The white blood cell count is normal and the C-reactive protein and sedimentation rate are normal. The treating provider under the recommendation section indicates the injured worker underwent an injection with Marcaine to 2cc and Depo-Medrol 1 cc.

the following paragraph states the injured worker underwent that injection with Marcaine 2cc and Kenalog 1 mL. Kenalog and Depo-Medrol are two different steroids. It is unclear what medication the injured worker received based on the progress note documentation. Additionally, steroid injections are clinically indicated with a diagnosis of adhesive capsulitis, impingement syndrome and rotator cuff problems. The diagnosis is right sternoclavicular subluxation. The guidelines do not recommend steroid injections for the subjective complaints and objective clinical findings. There is no documentation of failed conservative treatment (i.e. physical therapy). Based on the clinical information in the medical record and peer-reviewed evidence-based guidelines, retrospective cortisone injection sternoclavicular joint date of service May 8, 2015 #1 is not medically necessary.

Unclassified drugs Qty: 1.00: Upheld

Claims Administrator guideline: Decision based on MTUS Shoulder 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) Shoulder section, Injections.

Decision rationale: Pursuant to the Official Disability Guidelines, unclassified drug #1 is not medically necessary. Steroid injections to the shoulder are recommended according to the criteria in the Official Disability Guidelines. A diagnosis of adhesive capsulitis, impingement syndrome or rotator cuff problems, except for posttraumatic impingement of the shoulder; not controlled adequately by recommended conservative treatments (PT, nonsteroidal anti-inflammatory's), after at least three months; pain interferes with functional activities; generally performed without fluoroscopy or ultrasound guidance; only one injection to start, rather than a series of three; a second injection is not recommended if the first resulted in complete resolution of symptoms or no response; and the number of injections should be limited to three. In the shoulder, conventional anatomical guidance by an experienced clinician is generally adequate. Ultrasound guidance does not improve the efficacy of the steroid injection. In this case, the injured worker's working diagnosis is right sternoclavicular subluxation. The date of injury is July 18, 2014. Request for authorization is September 24, 2015 referencing a May 8, 2015 progress note. According to a May 8, 2015 progress note, the injured worker presented for his laboratory results. A CBC, sed rate and C-reactive protein were ordered. There was redness with soreness over the clavicle. Objectively, the documentation states tenderness to palpation but does not provide a location. Muscle strength is 5/5. Range of motion is unchanged significantly, but the documentation does not state what area is evaluated. The white blood cell count is normal and the C-reactive protein and sedimentation rate are normal. There is no documentation of failed conservative treatment. The treating provider under the recommendation section indicates the injured worker underwent an injection with Marcaine to 2cc and Depo-Medrol 1 cc. The following paragraph states the injured worker underwent that injection with Marcaine 2cc and Kenalog 1 mL. Kenalog and Depo-Medrol are two different steroids. It is unclear what medication the injured worker received based on the progress note documentation. The documentation in the medical record progress note contains a CPT code S0020. This CPT code is for Bupivacaine. The CPT code on the request for authorization is J3490. J3490 is a CPT code for billing drugs Not Elsewhere Classified. There is no documentation to support billing under J

3490. Additionally, as noted above, the injection was not clinically indicated based on the presenting symptoms, signs and diagnosis of sternoclavicular subluxation. Based on clinical information in the medical record, peer-reviewed evidence-based guidelines and billing under J34904 drugs not elsewhere classified, unclassified drug #1 is not medically necessary.

Injection, Triamcinolone Acetonide Qty: 1.00: Upheld

Claims Administrator guideline: Decision based on MTUS Shoulder 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) Shoulder section, Injections.

Decision rationale: Pursuant to the Official Disability Guidelines, injection triamcinolone acetonide #1 is not medically necessary. Steroid injections to the shoulder are recommended according to the criteria in the Official Disability Guidelines. A diagnosis of adhesive capsulitis, impingement syndrome or rotator cuff problems, except for posttraumatic impingement of the shoulder; not controlled adequately by recommended conservative treatments (PT, nonsteroidal anti-inflammatory's), after at least three months; pain interferes with functional activities; generally performed without fluoroscopy or ultrasound guidance; only one injection to start, rather than a series of three; a second injection is not recommended if the first resulted in complete resolution of symptoms or no response; and the number of injections should be limited to three. In the shoulder, conventional anatomical guidance by an experienced clinician is generally adequate. Ultrasound guidance does not improve the efficacy of the steroid injection. In this case, the injured worker's working diagnosis is right sternoclavicular subluxation. The date of injury is July 18, 2014. Request for authorization is September 24, 2015 referencing a May 8, 2015 progress note. According to a May 8, 2015 progress note, the injured worker presented for his laboratory results. A CBC, sed rate and C-reactive protein were ordered. There was redness with soreness over the clavicle. Objectively, the documentation states tenderness to palpation but does not provide a location. Muscle strength is 5/5. Range of motion is unchanged significantly, but the documentation does not state what area is evaluated. The white blood cell count is normal and the C-reactive protein and sedimentation rate are normal. The treating provider under the recommendation section indicates the injured worker underwent an injection with Marcaine to 2cc and Depo-Medrol 1 cc. the following paragraph states the injured worker underwent that injection with Marcaine 2cc and Kenalog 1 mL. Kenalog and Depo-Medrol are two different steroids. It is unclear what medication the injured worker received based on the progress note documentation. Additionally, steroid injections are clinically indicated with a diagnosis of adhesive capsulitis, impingement syndrome and rotator cuff problems. The diagnosis is right sternoclavicular subluxation. The guidelines do not recommend steroid injections for the subjective complaints and objective clinical findings. There is no documentation of failed conservative treatment (i.e. physical therapy). Based on the clinical information in the medical record and peer-reviewed evidence-based guidelines, injection triamcinolone acetonide #1 is not medically necessary.