

Case Number:	CM15-0029856		
Date Assigned:	02/23/2015	Date of Injury:	11/21/2011
Decision Date:	04/03/2015	UR Denial Date:	01/28/2015
Priority:	Standard	Application Received:	02/17/2015

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: Illinois, California, Texas
 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 11/21/11. Injury occurred when she was installing a headlight in a car, and the hood of the car fell, hitting her head, neck, shoulder, and back, and trapping her right hand. The 11/29/12 left shoulder MRI documented mild acromioclavicular joint capsular hypertrophy. The 1/19/15 treating physician report was handwritten and partially illegible. Primary complaint cited left shoulder pain that woke her at night and was increased with lifting, pushing, pulling, and reaching. Left shoulder exam documented tenderness to palpation over the subacromial, acromioclavicular, and periscapular regions, decreased range of motion with crepitus, and positive impingement and cross arm tests. Right wrist exam documented tenderness to palpation over the 1st extensor, functional range of motion, positive Tinel's and Phalen's, and positive Finkelstein's. EMG/NCV findings showed moderate right and severe left carpal tunnel syndrome. The diagnoses included left shoulder impingement, right wrist carpal tunnel syndrome, and DeQuervain's. Authorization for a surgical consult for the left shoulder was pending. The treatment plan requested right carpal tunnel injection under ultrasound guidance and right DeQuervain's injection under ultrasound guidance. On 1/28/2015, Utilization Review (UR) non-certified a request for (1) right ultrasound De Q injection, (1) right ultrasound C T injection, and a surgical consult for the left shoulder, noting the lack of compliance with MTUS and ACOEM Guidelines. The UR physician stated that an orthopedic surgery consult was previously approved on 11/19/14, noting this as a duplicate request.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right Ultrasound De Q Injection: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): (s) 265, 270, 272.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 272.

Decision rationale: The California MTUS guidelines support an initial injection into the tendon sheath for clearly diagnosed cases of DeQuervain's syndrome. Guideline criteria have not been met. There are no subjective complaints and overall limited exam findings documented in the records to support a diagnosis of DeQuervain's. Evidence of recent, reasonable and comprehensive less invasive treatments tried and failed has not been provided. Therefore, this request is not medically necessary at this time.

Right Ultrasound CT Injection: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 272.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 272.

Decision rationale: The California MTUS guidelines support an injection of corticosteroids into the carpal tunnel in mild or moderate cases of carpal tunnel syndrome after trial of splinting and medication. Guideline criteria have not been met. There is no evidence in the records relative to a failed trial of splinting and other recent less invasive and reasonable treatments for the right carpal tunnel syndrome. Therefore, this request is not medically necessary at this time.

Surgery Consult for Left Shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 127.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 209-210.

Decision rationale: The California MTUS guidelines state that referral for surgical consultation for the shoulder is indicated for patients who have red-flag conditions, activity limitation for more than four months, failure to increase range of motion and strength of the musculature around the shoulder even after exercise programs, and, clear clinical and imaging evidence of a lesion that has been shown to benefit, in both the short- and long-term, from surgical repair. The records indicate that a surgical consult for the left shoulder was certified on 11/19/14. There is no

compelling reason to support the medical necessity of an additional consult at this time.
Therefore, this request is not medically necessary.