

Case Number:	CM15-0216005		
Date Assigned:	11/05/2015	Date of Injury:	02/07/2014
Decision Date:	12/18/2015	UR Denial Date:	10/21/2015
Priority:	Standard	Application Received:	11/02/2015

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: Maryland

Certification(s)/Specialty: Internal Medicine, Rheumatology

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 injured worker is a 53 year old female, who sustained an industrial injury on 02-07-2014. The injured worker was diagnosed as having discogenic cervical condition with facet inflammation, headaches and right sided radiculopathy, bilateral shoulder impingement with rotator cuff strain and bicipital tendinitis bilateral shoulder impingement with rotator cuff strain and bicipital tendinitis bilaterally mores so on the right with requesting clarification for coverage for the left, epicondylitis on the right medially greater that laterally, although not to stretch or resisted condition, ulnar neuritis on the right, IP inflammation on the right which was due to new injury , and brachial plexus irritation-right greater than left. On medical records dated 10-09-2015, the subjective complaints were noted as right elbow and right hand pain. Pain was rated a 4-6 out of 10. Objective findings were noted as right shoulder range of motion was noted as decreased, positive Tinel's sign on the right elbow as well as tenderness along the ulnar nerve on eh right. Tenderness along the supraclavicular and scalene was noted. Treatment to date included Tens unit, physical therapy, brace and medication. No prior cortisone injections were noted. Current medications were not listed on 10-09-2015.The Utilization Review (UR) was dated 10-21-2015. A Request for Authorization was submitted. The UR submitted for this medical review indicated that the request for DME: hot-cold wrap, right shoulder cortisone injection and right ulnar injection were non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right Shoulder Cortisone Injection: Upheld

Claims Administrator guideline: Decision based on MTUS Shoulder Complaints 2004, and Elbow Complaints 2007.

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

Decision rationale: This 53 year old female has complained of shoulder pain, neck pain, elbow pain and hand pain since date of injury 2/7/2014. She has been treated with physical therapy, TENS and medications. The current request is for a right shoulder cortisone injection. Per the MTUS guidelines cited above, invasive techniques including corticosteroid injections have limited proven value in the treatment of shoulder pain and are not recommended. On the basis of the available medical records and per the MTUS guidelines cited above, a right shoulder cortisone injection is not medically necessary.

DME: Hot/Cold Wrap: Upheld

Claims Administrator guideline: Decision based on MTUS Elbow Complaints 2007.

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

Decision rationale: This 53 year old female has complained of shoulder pain, neck pain, elbow pain and hand pain since date of injury 2/7/2014. She has been treated with physical therapy, TENS and medications. The current request is for a hot/cold wrap. Per the MTUS guidelines cited above, hot/cold wrap is not a recommended physical modality in the treatment of chronic shoulder pain. On the basis of the available medical records and per the MTUS guidelines cited above, a hot/cold wrap is not medically necessary.

Right Ulnar Nerve Injection: Upheld

Claims Administrator guideline: Decision based on MTUS Elbow Complaints 2007.

MAXIMUS guideline: Decision based on MTUS Elbow Complaints 2007, Section(s): Summary.

Decision rationale: This 53 year old female has complained of shoulder pain, neck pain, elbow pain and hand pain since date of injury 2/7/2014. She has been treated with physical therapy, TENS and medications. The current request is for a right ulnar nerve injection. Per the MTUS guidelines cited above, invasive techniques including corticosteroid injections have limited proven value in the treatment of elbow pain and are not recommended. On the basis of the available medical records and per the MTUS guidelines cited above, a right ulnar nerve injection is not medically necessary.