

<b>Case Number:</b>	CM15-0049112		
<b>Date Assigned:</b>	03/23/2015	<b>Date of Injury:</b>	11/12/2011
<b>Decision Date:</b>	05/01/2015	<b>UR Denial Date:</b>	02/27/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/16/2015

### 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, District of Columbia, Maryland  
 Certification(s)/Specialty: Anesthesiology, Pain Management

### 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 35 year old female who sustained an industrial injury on 11/12/2011. Current diagnoses include ulnar nerve neuritis, carpal tunnel syndrome right wrist, de Quervain's disease right, cervical spine sprain, radiculopathy, bicipital tendinitis right shoulder, bursitis right shoulder, epicondylitis right elbow, and impingement syndrome right shoulder. Previous treatments included medication management, wrist splint, and physical therapy. Diagnostic studies included x-rays. Initial complaints included pain in her right wrist/hand with numbness, right elbow pain, and neck pain which radiated to her right shoulder. Report dated 10/23/2014 noted that the injured worker presented with complaints that included right shoulder pain, hand/wrist pain, cervical spine pain with headaches. Pain level was not included. Physical examination was positive for abnormal findings. The treatment plan included discussion of medication management, prescribed medications, request for MRI of the right shoulder and steroid injections. Disputed treatments include MRI of the right shoulder and multiple steroid injections for the right elbow, shoulder, and hand.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Multiple steroid injection for the right elbow, shoulder and hand qty: 3:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints, Chapter 10 Elbow Disorders (Revised 2007), Chapter 11 Forearm, Wrist, and Hand Complaints.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints, Chapter 10 Elbow Disorders (Revised 2007) Page(s): 22-23, 204. Decision based on Non-MTUS Citation ODG, Hand, Steroid Injection.

**Decision rationale:** Per the ACOEM guidelines with regard to elbow injection: "if a non-invasive treatment strategy fails to improve the condition over a period of at least 3-4 weeks, glucocorticoid injections are recommended." Per the ACOEM guidelines with regard to shoulder injection: 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 antiinflammatory drugs) for two to three weeks. The evidence supporting such an approach is not overwhelming. The total number of injections should be limited to three per episode, allowing for assessment of benefit between injections. Per the ODG guidelines, hand injections are recommended for Trigger finger and for de Quervain's tenosynovitis. The documentation submitted for review indicates that the injured worker was diagnosed with right shoulder bursitis and impingement syndrome, right elbow epicondylitis, and de Quervain's tenosynovitis. The UR physician's rationale for denial was not provided for review. The request is medically necessary.

**MRI of the right shoulder:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints.

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

**Decision rationale:** The MTUS is silent with regard to specific indications for shoulder MRI. Per the ODG guidelines: Indications for imaging, Magnetic resonance imaging (MRI): Acute shoulder trauma, suspect rotator cuff tear/impingement; over age 40; normal plain radiographs. Subacute shoulder pain, suspect instability/labral tear. Repeat MRI is not routinely recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology. (Mays, 2008) The documentation submitted for review did not contain plain radiograph findings. As such, MRI is not medically necessary.