

Case Number:	CM15-0052031		
Date Assigned:	03/25/2015	Date of Injury:	11/01/2013
Decision Date:	05/01/2015	UR Denial Date:	02/19/2015
Priority:	Standard	Application Received:	03/19/2015

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 Jersey, Michigan, California
 Certification(s)/Specialty: Neurology, Neuromuscular 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 37-year-old male, who sustained an industrial injury on 11/01/2013. He reported pain to the bilateral wrists with radiation to the hands and arms secondary to repetitive work activities of lifting and carrying cardboard materials. The injured worker was diagnosed as having bilateral carpal tunnel syndrome, bilateral shoulder sprain, right elbow sprain/strain, and bilateral wrists sprain/strain. Treatment to date has included use of wrist splints, laboratory studies, acupuncture, and medication regimen. In a progress note dated 01/28/2015 the treating provider reports complaints of bilateral shoulder pain with popping and clicking noted along with a pain rating of a two out of ten, constant right elbow pain that is rated three out of ten, and bilateral wrist pain that is rated a two out of ten with numbness, tingling, and weakness noted. The treating physician requested a cortisone injection to the right elbow to decrease the pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cortisone injection right elbow: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints
Page(s): 204, 213.

Decision rationale: According to MTUS guidelines, invasive techniques have limited proven value. If pains with elevation significantly limit activity, a subacromial injection of local anesthetic and corticosteroid preparation may be indicated after conservative therapy for 2 to 3 weeks. However, the evidence supporting such an approach is not overwhelming. According to MTUS guidelines, 2 or 3 subacromial injections of local anesthetics and cortisone preparation over an extended period as a part of an exercise rehabilitation program to treat rotator cuff inflammation, impingement syndrome, or small tear is recommended. In this case, there is no objective documentation of failure of adequate trials of conservative therapies. Furthermore, it is not clear that the injection is a part of an exercise rehabilitation program. Also, it is not clear if there is a pain with shoulder elevation significantly limiting shoulder mobility. Therefore, the request for Repeat subacromial corticosteroid injection to the right shoulder is not medically necessary.