

Case Number:	CM14-0121551		
Date Assigned:	08/06/2014	Date of Injury:	04/14/2010
Decision Date:	09/26/2014	UR Denial Date:	07/31/2014
Priority:	Standard	Application Received:	08/01/2014

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. The expert reviewer is Board Certified in Occupational Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 is a 54-year-old female with a 4/14/10 date of injury. The mechanism of injury was not noted. According to a report dated 6/12/14, the patient returned for follow-up for her right shoulder and right elbow. The patient continued to complain of significant right shoulder pain. She had pain even at rest, although it was aggravated with lifting, reaching, sleeping, etc. The patient would like to proceed with a trial of a corticosteroid injection to the right shoulder this day. Objective findings: restricted range of motion (ROM) of shoulder, glenohumeral tenderness, very mild lateral subacromial tenderness, tenderness along the lateral ulnar collateral ligament, and discomfort with varus stress. Diagnostic impression: chronic lateral ulnar collateral ligament tear, right elbow, and medial epicondylitis; progressive glenohumeral arthritis, right shoulder. Treatment to date: medication management, activity modification, physical therapy, lumbar epidural steroid injections (ESI), TENS unit. A UR decision dated 7/31/14 denied the requests for left buttock Marcaine injection, left buttock Kenalog injection, right knee Toradol injection, and right knee Marcaine injection. Regarding Marcaine injection for the buttock, Official Disability Guidelines (ODG) states regional anesthesia is recommended for patients undergoing hip fracture repair, providing there are no specific indications for general anesthesia or contraindications to regional anesthesia. In this case, there was no objective evidence that the claimant has hip fracture or going to replace it. Regarding Kenalog injection for the buttock, ODG states intraarticular steroid hip injection is not recommended in early hip osteoarthritis. In this case, due to limited objective findings, it is not evident that the claimant has osteoarthritis. Regarding Toradol injection, guidelines state that Toradol is not indicated for minor or chronic painful conditions. In this case, the claimant is suffering from chronic pain. Regarding Marcaine injection for the knee, ODG states that manipulation under anesthesia is recommended as an option for treatment of arthrofibrosis and/or after total knee arthroplasty. In

this case, there is no evidence that the trial of conservative treatment have failed to restore range of motion and relieve pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request: Left buttock Marcaine, hamstring DOS 06/12/14: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) - Treatment in Workers' Compensation (TWC) Hip & Pelvis, last updated 3/25/14.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation FDA (Marcaine).

Decision rationale: California Medical Treatment Utilization Schedule (MTUS) and Official Disability Guidelines (ODG) do not address this issue. According to the FDA, Marcaine (bupivacaine is an anesthetic that blocks the nerve impulses that send pain signals to the brain. Bupivacaine is used as a local (in only one area) anesthetic to produce numbness during labor, surgery, or certain medical procedures. According to the progress note from [REDACTED] on the date of this retrospective request, 6/12/14, there is no documentation that the patient received a Marcaine injection into her buttock, but rather it was injected into her shoulder. There is no documentation in the reports reviewed regarding a Marcaine injection into her left buttock on 6/12/14, therefore medical necessity cannot be established. It is documented in a request for authorization (RFA) request from [REDACTED], that authorization is being requested for this injection performed on 6/12/14. However, a progress note from that date was not provided for review. Therefore, the request for Retrospective request: Left buttock Marcaine, hamstring DOS 06/12/14 was not medically necessary.

Retrospective request: Left buttock kenalog 40mg/ml injection DOS 6/12/14: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) - Treatment in Workers' Compensation (TWC) Hip & Pelvis last updated 3/25/14.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation FDA (Kenalog-40 Injection).

Decision rationale: California Medical Treatment Utilization Schedule (MTUS) and Official Disability Guidelines (ODG) do not address this issue. According to the FDA, Kenalog-40 Injection (triamcinolone acetonide injectable suspension, (USP) is a synthetic glucocorticoid corticosteroid with anti-inflammatory action. Where oral therapy is not feasible, injectable corticosteroid therapy, including Kenalog-40 Injection is indicated for intramuscular use. According to the progress note from [REDACTED] on the date of this retrospective request, 6/12/14, there is no documentation that the patient received a Kenalog injection in her left buttock. Instead, it is noted that the patient received a Depo-Medrol injection in her shoulder. There is

no documentation in the reports reviewed regarding a Kenalog injection to the patient's left buttock on 6/12/14, therefore medical necessity cannot be established. It is documented in a request for authorization (RFA) request from [REDACTED], that authorization is being requested for this injection performed on 6/12/14. However, a progress note from that date was not provided for review. Therefore, the request for Retrospective request: Left buttock kenalog 40mg/ml injection DOS 6/12/14 was not medically necessary.

Retrospective request: Right knee toradol DOS 6/12/14: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20-9792.26 27 Page(s): 72 of 127. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain ChapterX Other Medical Treatment Guideline or Medical Evidence: FDA (Ketorolac).

Decision rationale: The Food and Drug Administration (FDA) states that Ketorolac is indicated for the short-term (up to 5 days in adults), management of moderately severe acute pain that requires analgesia at the opioid level and only as continuation treatment following IV or IM dosing of Ketorolac tromethamine. According to the progress note from [REDACTED] on the date of this retrospective request, 6/12/14, there is no documentation that the patient received a Toradol injection in her right knee. There is no documentation in the reports reviewed regarding a Toradol injection to the patient's right knee on 6/12/14, therefore medical necessity cannot be established. In addition, there is no documentation that this patient has failed first-line analgesic medications to support the medical necessity of a Toradol injection. It is documented in a request for authorization (RFA) request from [REDACTED], that authorization is being requested for this injection performed on 6/12/14. However, a progress note from that date was not provided for review. Therefore, the request for Retrospective request: Right knee toradol DOS 6/12/14 was not medically necessary.

Retrospective request: Right Knee Marcaine injection DOS 6/12/14: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) - Treatment in Workers' Compensation (TWC) Knee & Leg, last updated 6/5/14.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation FDA (Marcaine).

Decision rationale: California Medical Treatment Utilization Schedule (MTUS) and Official Disability Guidelines (ODG) do not address this issue. According to the FDA, Marcaine (bupivacaine) is an anesthetic that blocks the nerve impulses that send pain signals to the brain. Bupivacaine is used as a local (in only one area) anesthetic to produce numbness during labor, surgery, or certain medical procedures. According to the progress note from [REDACTED] on the date of this retrospective request, 6/12/14, there is no documentation that the patient received a

Marcaine injection into her right knee, but rather it was injected into her shoulder. There is no documentation in the reports reviewed regarding a Marcaine injection into her right knee on 6/12/14, therefore medical necessity cannot be established. It is documented in a request for authorization (RFA) request from [REDACTED], that authorization is being requested for this injection performed on 6/12/14. However, a progress note from that date was not provided for review. Therefore, the request for Retrospective request: Right Knee Marcaine injection DOS 6/12/14 was not medically necessary.