

Case Number:	CM14-0164425		
Date Assigned:	10/09/2014	Date of Injury:	08/12/2008
Decision Date:	11/13/2014	UR Denial Date:	09/25/2014
Priority:	Standard	Application Received:	10/07/2014

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 Family 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:

The injured worker had a date of injury on 8/12/2008. The injured worker was pruning grapes and felt pain in her elbow. There was pain in both elbows. Diagnosis includes: cumulative trauma of the neck, right upper extremity, left upper extremity, right radial tunnel, cubital tunnel, and carpal tunnel syndrome, left radial tunnel, cubital tunnel, and carpal tunnel syndrome, right medial and lateral epicondylitis, and bilateral cervical brachial syndrome. Medications include: Naproxen, Fioricet, Gabapentin, and Cymbalta. The injured worker has had physical therapy which has been helping her symptoms. MRI showed normal sizes of the right anterior and middle scalene muscles, mild hypertrophy of the left anterior scalene muscle, left middle scalene muscle is normal.

IMR ISSUES, DECISIONS AND RATIONALES

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

Drain/inject joint/bursa: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Treatment Index, 12th Edition (web), 2014, Shoulder-Anterior Scalene Block, Thoracic Outlet Syndrome

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 22.

Decision rationale: According to guidelines steroid injections are less effective in providing pain relief than is physical therapy or a "wait and see" approach. According to the injured worker's medical records it does not state why there needs to be additional injections when the injured worker is improving with physical therapy. Therefore, this request is not medically necessary.