

Case Number:	CM14-0180080		
Date Assigned:	11/04/2014	Date of Injury:	08/09/2013
Decision Date:	12/09/2014	UR Denial Date:	09/26/2014
Priority:	Standard	Application Received:	10/29/2014

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 Emergency 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 is a 48 year-old male, who sustained an injury on August 9, 2013. The mechanism of injury occurred when he tripped and fell down stairs. Diagnostics have included: November 1, 2013 right shoulder MRI reported as showing tendinosis; and July 8, 2014 right wrist MR Arthrogram reported as being unremarkable. Treatments have included medications, ORIF radius fracture. The current diagnoses are fracture right distal radius, right shoulder tendonitis, right elbow lateral epicondylitis, lumbar strain/sprain, right knee strain/sprain, anxiety, and depression. The stated purpose of the request for ultrasound guided cortisone injection (physician [REDACTED]) to the right shoulder, right elbow, and right wrist was to provide relief of pain and discomfort for the right shoulder. The request for ultrasound guided cortisone injection (physician [REDACTED]) to the right shoulder, right elbow, and right wrist was denied on September 25, 2014, citing neither a lack of documentation of the right wrist symptoms, objective findings or detailed description of conservative treatment trials. Per the report dated October 30, 2014, the treating physician noted complaints of pain to the right wrist, right shoulder and right knee. Exam findings included right distal radioulnar joint tenderness, positive Tinel and Phalen tests, restricted right shoulder range of motion, positive impingement test, and tenderness to right medial joint line. Per the July 28, 2014 QME report, the provider noted no recommendations regarding injections.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultrasound guided cortisone injection (physician [REDACTED]) to the right shoulder, right elbow, and right wrist: Upheld

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 Page(s): 204, 265, 593.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints, Chapter 10 Elbow Disorders (Revised 2007), Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 265, 204, 22-24.

Decision rationale: The requested ultrasound guided cortisone injection (physician [REDACTED] - [REDACTED]) to the right shoulder, right elbow, and right wrist is not medically necessary. American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 11, Forearm, Wrist and Hand Complaints, Physical Methods, page 265 recommended steroid injections only for documented carpal tunnel syndrome; chapter 9, Shoulder Complaints, Methods of Symptom Control, page 204 recommended a subacromial injection for impingement syndrome after adequate conservative treatment; and chapter 10, Elbow Complaints, Revised 2007, Lateral Epicondylitis, page 22-24 recommended steroid injections after full conservative treatment measures. The injured worker has pain to the right wrist, right shoulder and right knee. The treating physician has documented right distal radioulnar joint tenderness; positive Tinel and Phalen tests; restricted right shoulder range of motion; positive impingement test; tenderness to right medial joint line; and full wrist strength and range of motion. The treating physician has not provided detailed documentation of completed conservative treatment trials. The criteria noted above not having been met, the request for an ultrasound guided cortisone injection (physician [REDACTED]) to the right shoulder, right elbow, and right wrist is not medically necessary.