

Case Number:	CM15-0011294		
Date Assigned:	01/28/2015	Date of Injury:	04/27/2012
Decision Date:	03/24/2015	UR Denial Date:	12/29/2014
Priority:	Standard	Application Received:	01/20/2015

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:

This 35 year old female sustained a work related injury on 04/27/2012. According to a progress report dated 11/21/2014, the injured worker asked for a Toradol injection for a flare-up. The provider noted that Toradol helped to deal with her flare up to keep her medication levels decreased. According to a progress report dated 12/23/2014, the injured worker complained of persistent right wrist and hand pain which was rated 8 on a scale of 1-10. Right shoulder pain was rated 6-7. She reported neck pain associated with intermittent migraine headaches. Right hand pain was constant achy pain associated with tightness radiating to the right forearm. Right shoulder pain was an intermittent throbbing type associated with a swollen feeling in the right upper extremity. Diagnoses included chronic neck pain, right De-Quervain's tenosynovitis, right shoulder adhesive capsulitis, right rotator cuff tendinitis with impingement and left shoulder pain. Treatment plan included promethazine, tramadol, right wrist immobilize splint, six to eight sessions of occupation therapy and psychotherapy. Work status was noted as return to modified work until 02/20/2015 restricted to 6 hours per day. On 12/29/2014, Utilization Review non-certified Toradol Injections x 6 a year. According to the Utilization Review physician, there was no current documentation of an acute exacerbation of pain nor was there rationale to justify certification of the potential for 6 injections per year. CA MTUS Chronic Pain Medical Treatment Guidelines and CA MTUS ACOEM Chapter 9, Shoulder Complaints were cited. The decision was appealed for an Independent Medical Review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Toradol injections x6 a year: 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 Shoulder

Decision rationale: The MTUS is silent on Toradol injection. Per the ODG guidelines with regard to Ketorolac injections: Recommended as an option to corticosteroid injections, with up to three subacromial injections. Avoid use of an oral NSAID at the same time as the injections. Injection of the NSAID ketorolac shows superiority over corticosteroid injections in the treatment of shoulder pain. Per the documentation submitted for review, injection was supported for flare-up per 11/21/14 progress report. However, as the request is for 6 injections and the guidelines only support 3, medical necessity cannot be affirmed.