

Case Number:	CM15-0125425		
Date Assigned:	07/10/2015	Date of Injury:	02/10/2009
Decision Date:	08/05/2015	UR Denial Date:	06/11/2015
Priority:	Standard	Application Received:	06/29/2015

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: Arizona, California
 Certification(s)/Specialty: Family Practice

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 34 year old male who sustained an industrial injury on 2/10/09. He suffered burns to his face, left shoulder and left arm. Progress note dated 1/23/15 reports complaints of constant, aching pain and pins and needles of his left shoulder radiating to the neck associated with numbness, clicking, limited shoulder motion, sleep interruption, sensitive to touch and disruption of daily activities. Left elbow and forearm with pain and numbness, left hand/fingers with pins and needles. Part of the forearm, right half of upper lip, tip of nose and left side of chin is less sensitive to touch. Diagnoses include: sprain/strain left shoulder, status post arthroscopic surgery of left shoulder, radiculopathy left upper extremity, left lateral epicondylitis, burn injury, left elbow status post skin grafting and anxiety/tension reactive pain and stress. Plan of care includes: request records from prior provider, refer to psych regarding phobias secondary to accident, refer to plastic surgery for left elbow scarring and left shoulder keloid and update MRI. Work status: temporarily totally disabled until next exam on 3/2/15, the extent of permanent disability cannot be determined at this time. Follow up in 4 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Kenalog injections x8: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints, Chapter 10 Elbow Disorders (Revised 2007) Page(s): 41, 213. Decision based on Non-MTUS Citation Management of Keloids and Hypertrophic Scars.

Decision rationale: According to the guidelines, steroid injections are indicated for epicondylitis or for shoulder impingement and tears. Multiple injections are not recommended. In this case, the injections were for hypertrophic scars Corticosteroid injections for prevention and treatment of keloids and hypertrophic scars are perhaps the first-line option. According to the AAFP, usually, two or three injections are given a month apart; however, therapy can continue for six months or longer. In this case, the amount of Kenalog requested in one setting exceeds the amount recommended above and is also not an indication by ACOEM. The request for 8 Kenalog injections is not medically necessary.

Kenalog injections x10: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints, Chapter 10 Elbow Disorders (Revised 2007) Page(s): 41,213. Decision based on Non-MTUS Citation Management of Keloids and Hypertrophic Scars Am Fam Physician. 2009 Aug 1; 80(3):253-260.

Decision rationale: According to the guidelines, steroid injections are indicated for epicondylitis or for shoulder impingement and tears. Multiple injections are not recommended. In this case, the injections were for hypertrophic scars Corticosteroid injections for prevention and treatment of keloids and hypertrophic scars are perhaps the first-line option. According to the AAFP, usually, two or three injections are given a month apart; however, therapy can continue for six months or longer. In this case, the amount of Kenalog requested in one setting exceeds the amount recommended above and is also not an indication by ACOEM. The request for 10 Kenalog injections is not medically necessary.