

Case Number:	CM15-0142425		
Date Assigned:	08/06/2015	Date of Injury:	04/23/2013
Decision Date:	10/13/2015	UR Denial Date:	06/23/2015
Priority:	Standard	Application Received:	07/22/2015

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 female, who sustained an industrial injury on 4-23-2013. The injured worker was diagnosed as having left hand-wrist sprain-strain with degenerative joint disease, left elbow sprain-strain with cubital tunnel syndrome, right hand sprain-strain with degenerative joint disease, right wrist sprain-strain rule out internal derangement, right elbow sprain-strain with cubital tunnel syndrome, right-left shoulder sprain-strain with partial tear of the rotator cuff, and cervical sprain-strain with herniated cervical disc at C6-7. Treatment to date has included diagnostics. Currently (3-27-2015), the injured worker complains of "increased" pain to her shoulders, elbows, both wrists, and also a numbness sensation to the last three fingers of both hands. Her pain was not rated. She also reported that her blood pressure had been increased due to pain. Physical exam noted blood pressure 143 over 94 (148 over 88 on 12-05-2014). Exam of the left shoulder noted flexion 130 (140 in 12-2014), extension 25 (unchanged in 12-2014), abduction 130 (120 in 12-2014), adduction 25 (unchanged in 12-2014), internal rotation 45 (unchanged in 12-2014), and external rotation 50 (unchanged in 12-2014). Impingement test was positive on the left and there was tenderness over the greater tuberosity of the left humerus, along with subacromial grinding and clicking on the left humerus. There was also tenderness to over the rotator cuff muscles on the left. Exam of the right shoulder noted flexion 130 (unchanged in 12-2014), extension 25 (unchanged in 12-2014), abduction 140 (120 in 12-2014), adduction 35 (unchanged in 12-2014), internal rotation 45 (65 in 12-2014), and external rotation 60 (70 in 12-2014). Impingement sign was positive on the right and there was tenderness over the greater tuberosity of the right humerus, along with subacromial grinding and

clicking on the right humerus. There was also tenderness over the rotator cuff muscles on the right. There was tenderness with palpation to the dorsal aspects of the bilateral wrists, with normal range of motion, and pain at end ranges. There was discoloration to both palms of the hands and Phalen's and Tinel's were positive. It was documented that she was certified for a rheumatology referral. Work status was total temporary disability. Current medication regimen was not documented on 3-27-2015. The amount of previous physiotherapy could not be determined. Subjective complaints were unchanged from the exam on 12-05-2014. The treatment plan included ultrasound guided injections to the right and left elbows and "continue" physiotherapy, 1-2 x6, non-certified by Utilization Review on 6-23-2015

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultrasound-guided steroid injection, right and left elbow: Upheld

Claims Administrator guideline: Decision based on MTUS Elbow Complaints 2007.

MAXIMUS guideline: Decision based on MTUS Elbow Complaints 2007, Section(s): Lateral Epicondylalgia, Medial Epicondylalgia.

Decision rationale: According to the ACEOM guidelines, injections are indicated for short-term relief of epindylgia. In this case, the claimant has had injections in the prior months indicating short-term benefit. Frequent injections are not recommended. There is no indication for ultrasound-guided intervention. The request for the injections is not medically necessary.

Physiotherapy: One to two (1-2) per week for six (6) weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Elbow Complaints 2007, Section(s): Basic Principles, Lateral Epicondylalgia, Medial Epicondylalgia, and Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine.

Decision rationale: According to the guidelines, therapy is intended for 1-2 sessions with additional therapy completed at home. In this case, the claimant completed an unknown amount of therapy in the past. There is no indication that the claimant cannot complete additional therapy at home. Most guidelines recommend up to 8 sessions of therapy. The request for additional 12 sessions of therapy is not medically necessary.