

Case Number:	CM15-0169651		
Date Assigned:	10/02/2015	Date of Injury:	02/17/2015
Decision Date:	11/13/2015	UR Denial Date:	08/05/2015
Priority:	Standard	Application Received:	08/28/2015

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: Texas, New York, California
 Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 applicant is a represented 52-year-old who has filed a claim for chronic wrist and shoulder pain reportedly associated with an industrial injury of February 17, 2015. In a Utilization Review report dated August 12, 2015, the claims administrator failed to approve a request for "unknown injection therapy" to the wrist and shoulder. The claims administrator referenced an RFA form and an associated progress note of July 7, 2015 in its determination. The applicant's attorney subsequently appealed. On June 22, 2015, the applicant apparently presented with complaints of wrist, hand, and shoulder pain. The applicant was on Norco. The applicant had an MRI study of the shoulder. The attending provider offered the applicant steroid injection about the volar aspect of the wrist. The attending provider stated that the applicant did not want said injection. The applicant was returned to regular duty work in the interim. The applicant exhibited negative Tinel and Phalen signs about the wrist and full range of motion about the finger. The applicant was on Norco and oral Diclofenac, it was reported. On June 15, 2015, the applicant's primary treating provider (PTP) noted that the applicant had ongoing complaints of wrist, hand, knee, shoulder, and thigh pain, moderate to severe. The applicant was not improving, it was stated. The applicant was on Norco and Mobic, it was stated on this date. The applicant was described as having MRI imaging of the shoulder notable for mild degenerative change without any focal abnormality. MRI imaging of the wrist was likewise noted for mild degenerative changes without any focal abnormality, the treating provider reported. The applicant exhibited well-preserved shoulder range of motion with flexion and abduction in the 175-degree range and pain-limited range of motion about the wrist and hand. Work restrictions were endorsed. The applicant was asked to follow up with other providers to obtain unspecified injections to the wrist and shoulder.

IMR ISSUES, DECISIONS AND RATIONALES

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

Unknown injection therapy to the right wrist: Upheld

Claims Administrator guideline: Decision based on MTUS Forearm, Wrist, and Hand Complaints 2004.

MAXIMUS guideline: Decision based on MTUS Forearm, Wrist, and Hand Complaints 2004, Section(s): Summary.

Decision rationale: No, the request for an unknown injection to the right wrist was not medically necessary, medically appropriate, or indicated here. While the MTUS Guideline in ACOEM Chapter 11, Table 11-7, page 272 does acknowledge that an initial injection into the tendon sheath is deemed "recommended" for clearly diagnosed cases of de Quervain's syndrome, tenosynovitis, or trigger finger, here, however, the applicant's hand surgeon reported on June 22, 2015 that there was no clear-cut evidence of carpal tunnel syndrome, trigger finger, tenosynovitis, etc. The applicant's hand surgeon reported on June 22, 2015 that he believed the applicant's complaints were a function of soft tissue contusion injury. The applicant himself reported on June 22, 2015 that he did not wish to pursue any kind of injection therapy involving the injured wrist. Therefore, the request was not medically necessary.

Unknown injection therapy to the right shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS Shoulder Complaints 2004.

MAXIMUS guideline: Decision based on MTUS General Approaches 2004, Section(s): Initial Approaches to Treatment, and Shoulder Complaints 2004, Section(s): Summary.

Decision rationale: Similarly, the request for an unknown injection to the shoulder was likewise not medically necessary, medically appropriate, or indicated here. While the MTUS Guideline in ACOEM Chapter 9, Table 9-6, page 213 does recommend 2-3 subacromial injections of anesthetic and cortisone over an extensive period as part of an exercise rehabilitation program to treat rotator cuff inflammation, impingement syndrome, or small rotator cuff tears, here, however, the requesting provider's June 15, 2015 progress note did not clearly state what diagnosis or diagnoses the applicant carried involving the injured shoulder. It was not clearly stated what the injection in question was intended to target. The primary treating provider (PTP) reported on June 15, 2015 that the applicant had mild degenerative changes noted on shoulder MRI imaging without any focal abnormalities identified. The requesting provider did not clearly state what injection(s) he intended for the applicant to undergo but, rather, seemingly attempted to preauthorize an unspecified injection to be performed by another provider. Such a prescription, however, ran counter to the philosophy espoused in the MTUS Guideline in ACOEM Chapter 3, page 48 to the effect that it is incumbent upon an attending provider to furnish a prescription for physical methods and, by implication, the injection in question which "clearly states treatment goals." Here, clear treatment goals were neither stated nor formulated, for all of the specified reasons. Therefore, the request was not medically necessary.