

<b>Case Number:</b>	CM15-0071932		
<b>Date Assigned:</b>	04/22/2015	<b>Date of Injury:</b>	01/08/2015
<b>Decision Date:</b>	05/20/2015	<b>UR Denial Date:</b>	04/03/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/15/2015

### 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: New Jersey, Alabama, California  
 Certification(s)/Specialty: Neurology, Neuromuscular 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 injured worker is a 69 year old female, who sustained an industrial injury on 01/08/2015. She reported that she was walking in the parking lot missing a concrete bar causing her to fall onto her face, right knee, and bilateral hands. The injured worker was diagnosed as having status post abrasion and contusion of the face, degenerative arthritis of neck and back aggravated by the recent fall, contusion of the right knee, contusion of the right wrist, indirect injury to the right shoulder, back strain, neck sprain/strain, left carpal tunnel syndrome, and shoulder contusion. Treatment to date has included physical therapy, medication regimen, and x-rays. In a progress note dated 01/12/2015 the treating physician reports pain to the nose, eyebrows, neck, right shoulder, wrist region, right knee, and low back. The injured worker has associated symptoms of swelling and bruising to the face, stiffness to the neck, bruising, swelling, and crepitation to the right knee. The treating physician requested a cortisone injection to the right shoulder and a cortisone injection to the bilateral hands under ultrasound guidance noting that the injured worker was not ready for left carpal tunnel syndrome surgery and wanted to try injection at this time.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Cortisone injection to the right shoulder:** 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 Steroid injection <http://www.odg-twc.com/index.html>.

**Decision rationale:** According to ODG guidelines, shoulder injection is recommended: Criteria for Steroid injections: Diagnosis of adhesive capsulitis, impingement syndrome, or rotator cuff problems, except for post-traumatic impingement of the shoulder; Not controlled adequately by recommended conservative treatments (physical therapy and exercise, NSAIDs or acetaminophen), after at least 3 months; Pain interferes with functional activities (eg, pain with elevation is significantly limiting work); Intended for short-term control of symptoms to resume conservative medical management; Generally performed without fluoroscopic or ultrasound guidance; Only one injection should be scheduled to start, rather than a series of three; A second injection is not recommended if the first has resulted in complete resolution of symptoms, or if there has been no response; With several weeks of temporary, partial resolution of symptoms, and then worsening pain and function, a repeat steroid injection may be an option; The number of injections should be limited to three. There is no recent documentation of failure of conservative therapies including medication and physical therapy. There is no documentation of adhesive capsulitis, impingement syndrome, or rotator cuff problems. Therefore the request for Cortisone injection to the right shoulder is not medically necessary.

**Cortisone injection to bilateral hands under ultrasound guidance:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Carpal Tunnel Syndrome Treatment & Management. <http://emedicine.medscape.com/article/327330-treatment#a1137>.

**Decision rationale:** According to Medscape, Most individuals with mild-to-moderate carpal tunnel syndrome (CTS; according to electrophysiologic data) respond to conservative management, usually consisting of splinting the wrist at nighttime for a minimum of 3 weeks. Many off-the-shelf wrist splints seem to work well, although theoretically, a custom-made splint in neutral is probably the best choice. Steroid injection into the carpal tunnel has been shown to be of long-term benefit and can be tried if more conservative treatments have failed. Injections may also be worthwhile prior to surgical management or in cases in which surgery is relatively contraindicated (eg, because of pregnancy). Ultrasound measurements of the median nerve can help predict response to steroid injection. Nonsteroidal anti-inflammatory drugs (NSAIDs) and/or diuretics may be of benefit in certain populations (eg patients with fluid retention or with wrist flexor tendinitis). Vitamin B-6 or B-12 supplements are of no proven benefit." There is no recent documentation that the patient developed bilateral carpal tunnel syndrome or the patient failed more conservative therapies. Therefore, the request is not medically necessary.

