

Case Number:	CM15-0078631		
Date Assigned:	04/29/2015	Date of Injury:	03/21/2008
Decision Date:	07/16/2015	UR Denial Date:	04/02/2015
Priority:	Standard	Application Received:	04/24/2015

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

Certification(s)/Specialty: Physical Medicine & Rehabilitation, 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:

The injured worker is a 44 year old female who sustained a work related injury March 21, 2008. Past history included s/p carpal tunnel release 11/24/2009 and s/p left carpal tunnel release 11/24/2009 and 8/28/2010. According to the most recent primary treating physician's progress report, dated January 6, 2015, finds the injured worker presenting with progressively worse pain in the left wrist/hand and left shoulder. Pain, numbness, and weakness with swelling radiates up to the left forearm. Physician noted that ultrasound guided steroid injections to the left wrist and shoulder have yet to be authorized, as well as a left wrist and forearm brace. He further comments that the injured worker has not received any medication to control pain since the last visit. Current medication is documented as Norco, Ultracet, Anaprox, Prilosec, and Flexeril. Cervical spine; range of motion flexion 50 degrees, extension 45 degrees, left and right bending 30 degrees, left and right rotation 60 degrees, positive Spurling and Foramina Compression test. There is tightness and spam at the trapezius and sternocleidomastoid and strap muscles right and left. Left shoulder; range of motion flexion 110 degrees, abduction 100 degrees, extension 30 degrees, adduction 30 degrees, internal rotation 50 degrees and external rotation 60 degrees, tenderness of rotator cuff bilaterally. Left wrist; range of motion flexion 35 degrees, extension 40 degrees, radial deviation 10 degrees, ulnar deviation 15 degrees, tenderness over the distal radial ulnar junction, 2 plus swelling over left wrist/forearm with tenderness of the forearm muscles. Diagnoses are herniated lumbar disc with radiculitis; right shoulder strain; left shoulder impingement/tendonitis; anxiety/depression; insomnia. Treatment plan included continue with medication, continue to request the left wrist/forearm brace, and left shoulder arthroscopic surgery. At issue, is the request for ultrasound-guided cortisone injections to the left shoulder and left wrist.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultrasound-guided cortisone injection of the left shoulder: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 204. Decision based on Non-MTUS Citation X Official Disability Guidelines (ODG) Shoulder Chapter, Steroid injections.

Decision rationale: Regarding the request for Ultrasound-Guided Steroid Injection for the Shoulder, Chronic Pain Medical Treatment Guidelines support the use of a subacromial injection if pain with elevation significantly limits activity following failure of conservative treatment for 2 or 3 weeks. They go on to recommend the total number of injections should be limited to 3 per episode, allowing for assessment of benefits between injections. Official Disability Guidelines recommend performing shoulder injections guided by anatomical landmarks alone. Guidelines go on support the use of corticosteroid injections for adhesive capsulitis, impingement syndrome, or rotator cuff problems which are not controlled adequately by conservative treatment after at least 3 months, when pain interferes with functional activities. Guidelines state that a 2nd injection is not recommended if the 1st has resulted in complete resolution of symptoms, or if there has been no response. Within the documentation available for review, the current findings consistent of limited ROM (apparently active) and tenderness, with no findings suggestive of impingement or other rotator cuff pathology. Furthermore, ultrasound guidance is not supported and, unfortunately, there is no provision for modification of the current request. As such, the currently requested shoulder injection with ultrasound is not medically necessary.

Ultrasound-guided cortisone injection of the left wrist: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 272. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Forearm, Wrist, and Hand Chapter, Ultrasound (diagnostic).

Decision rationale: Regarding the request for left wrist injection, CA MTUS supports injection of corticosteroids into carpal tunnel in mild or moderate cases of CTS after trial of splinting and medication, initial injection into tendon sheath for clearly diagnosed cases of DeQuervain's syndrome, tenosynovitis, or trigger finger, and as an option for moderate cases of tendinitis. ODG cites that wrist injections should not generally require ultrasound guidance. Within the documentation available for review, the patient's current symptoms/findings are not specific for any of the above and the provider has not identified that any of these conditions are currently active. Furthermore, ultrasound guidance is not supported. In light of the above issues, the currently requested left wrist injection is not medically necessary.