

Case Number:	CM15-0091802		
Date Assigned:	05/20/2015	Date of Injury:	01/28/2013
Decision Date:	06/24/2015	UR Denial Date:	05/06/2015
Priority:	Standard	Application Received:	05/12/2015

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, Hawaii

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 50 year old female, who sustained an industrial injury on 11/28/2013. She has reported subsequent right elbow and shoulder pain and was diagnosed with carpal tunnel syndrome, Dupuytren's contracture, lateral epicondylitis and rotator cuff syndrome. Treatment to date has included oral and topical pain medication and cortisone injections. In a progress note dated 01/14/2015, the injured worker complained of increasing pain in the right shoulder and elbow. Objective findings were notable for decreased sensation to light touch of the right long fingertip, positive Tinel's at both wrists, tenderness of the right lateral epicondyle, increased pain with resisted wrist extension, weakly positive impingement sign and tenderness of the right posterior cervical triangle. The physician noted that due to symptoms in the shoulder and elbow a repeat cortisone injection in the right shoulder and Kenalog injection into the lateral epicondylar region of the right elbow were given. A request for authorization of Kenalog injection of the right elbow and steroid injection of the right shoulder under ultrasound guidance was submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retro Kenalog Injection Right Elbow: Overturned

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Elbow, Injections.

Decision rationale: The patient presents with pain affecting the right shoulder and elbow. The current request is for Retro Kenalog Injection Right Elbow. The treating physician report dated 1/23/15 (85B) states, In an effort to ameliorate symptoms at the shoulder and elbow, a repeat cortisone injection of 40 mg Kenalog and 2% lidocaine was administered to the subcarinal space utilizing ultrasound guidance to right shoulder as well as a separate injection of 40 mg Kenalog and 2% lidocaine into the lateral epicondylar region of the right elbow. The MTUS guidelines do not address the current request. The ODG guidelines state the following in the elbow chapter regarding corticosteroid injections: Not recommended as a routine intervention for epicondylitis, based on recent research. In the past a single injection was suggested as a possibility for short- term pain relief in cases of severe pain from epicondylitis, but beneficial effects persist only for a short time, and the long-term outcome could be poor. In this case, the patient presents with significantly increasing pain in the right elbow following surgery. Furthermore, there is documentation that the patient was enduring severe chronic pain due to right lateral epicondylitis and was awaiting an appeal for a right lateral epicondylar debridement and extensor reattachment. The current request satisfies the ODG guidelines as outlined in the elbow chapter as the physician performed the injections in an effort to provide the patient relief until surgery was authorized. Recommendation is medically necessary.

Retro Steroid Injection Right Shoulder with Ultrasound Guidance: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Shoulder chapter, Steroid injections.

Decision rationale: The patient presents with pain affecting the right shoulder and elbow. The current request is for Retro Steroid Injection Right Shoulder with Ultrasound Guidance. The treating physician report dated 1/23/15 (85B) states: In an effort to ameliorate symptoms at the shoulder and elbow, a repeat cortisone injection of 40 mg Kenalog and 2% lidocaine was administered to the subcromial space utilizing ultrasound guidance to right shoulder as well as a separate injection of 40 mg Kenalog and 2% lidocaine into the lateral epicondylar region of the right elbow. The MTUS guidelines do not address the current request. The ODG guidelines state the following in the shoulder chapter regarding steroid injections: Recommended as indicated below, up to three injections. Steroid injections compared to physical therapy seem to have better initial but worse long-term outcomes. The guidelines go on to state the following criteria: Diagnosis of adhesive capsulitis, impingement syndrome, or rotator cuff problems, except for post-traumatic impingement of the shoulder. Additionally, the guidelines state: Generally performed without fluoroscopic or ultrasound guidance. In this case, the patient presents with tendinitis of the right shoulder. This is a tendinitis of the rotator cuff tendons. The ODG guidelines do not support ultrasound guided steroid injections for the shoulder. Recommendation is for denial and the request is not medically necessary