

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in California. 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 physician 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/services.

DOCUMENTS REVIEWED

The following relevant documents received from the interested parties and the documents provided with the application were reviewed and considered. These documents included:

- [REDACTED]
- [REDACTED]
- [REDACTED]
- [REDACTED]

CLINICAL CASE SUMMARY

The physician reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The underlying date of injury in this case is ultimately documented as either 06/01/2010 or 06/18/2010. The patient's diagnoses include impingement syndrome of the shoulder and carpal tunnel syndrome in the hands. This patient is status post a right shoulder arthroscopy with subacromial decompression. As of 07/02/2013, the treating physician noted the patient complained of pain in the left shoulder as well as bilateral wrist pain. Past treatment included therapy, activity modification, and oral anti-inflammatory medications. On exam, the patient had a positive Hawkins sign and straight arm test on the left. The patient had a positive Phalen test on both wrists. The treating physician recommended a cortisone injection in the left shoulder and right wrist. The prior reviewer noted the patient was recently certified for a left shoulder arthroscopy and therefore a cortisone injection was not indicated and the reviewer indicated that the requested right wrist injection was supported given the underlying diagnosis of tenosynovitis. Treating physician notes are largely handwritten and only partially legible.

IMR DECISION(S) AND RATIONALE(S)

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

1. Request for a left shoulder corticoidsteriod injection is not medically necessary and appropriate.

The Claims Administrator based its decision on the ACOEM Practice Guidelines.

The Physician Reviewer based his/her decision on the American College of Occupational and Environmental Medicine (ACOEM) Guidelines, 2nd Edition (2004), Chapter 9, page 204, which is part of the MTUS.

The Physician Reviewer's decision rationale:

ACOEM guidelines Chapter 9 shoulder and page 204 states “invasive techniques have limited proven value. If pain with elevation significantly limits activities, a subacromial injection of local anesthetic and corticosteroid may be indicated after conservative therapy for 2-3 weeks. The evidence supporting such an approach is not overwhelming.” In this case, the guidelines support a steroid injection into the shoulder in only very specific situations. The medical records in this case are handwritten and partially legible and do not clearly provide analysis of how this patient would benefit from this injection in the chronic setting and particularly with a plan for future surgery. Overall, the medical records do not support the necessity of this treatment. The treatment is not medically necessary.

2. Request for a right wrist corticoidsteriod injection is medically necessary and appropriate.

The Claims Administrator based its decision on the ACOEM Practice Guidelines.

The Physician Reviewer based his/her decision on the American College of Occupational and Environmental Medicine (ACOEM) Guidelines, 2nd Edition (2004), Chapter 11, Page 264, which is part of the MTUS.

The Physician Reviewer’s decision rationale:

ACOEM Guidelines Chapter 11 Wrist Page 264 states regarding treatment for tendinitis/tenosynovitis “injection of lidocaine and corticosteroids.” The requested treatment is supported by the guideline. This treatment is medically necessary.

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