MAXIMUS Federal Services

Case Number:	CM13-0020861		
Date Assigned:	10/11/2013	Date of Injury:	04/27/2011
Decision Date:	03/04/2014	UR Denial Date:	08/09/2013
Priority:	Standard	Application Received:	09/06/2013

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 Addiction Medicine and Toxicology, has a subspecialty in Pediatrics and is licensed to practice in Massachusetts and New York. 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. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is a 37 year old female with a date of injury on 4/27/11. Her chief complaint was right shoulder pain. The patient also complains of neck pain. On exam, the patient had positive spasm of the neck/cervical spine. The patient had cervical spine tenderness and positive shpulder depression. Right shoulder had decreased ROM. The treatment in dispute is right shoulder SA cortisone injection under ultrasound guidance.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right shoulder SA cortisone injection under ultrasound guidance: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 561-563.

MAXIMUS guideline: Decision based on MTUS ACOEM Page(s): 561-563,Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines and studies such as Staal JB, de Bie RA, de Vet HC, H.

Decision rationale: The requested treatment is not medically necessary. Guidelines indicate that only 2 or 3 SA injections are recommended over an extended period as part of an excercise rehabilitaton program. Also no documentation was provided of specific percentage reduction and duration of relief after previous epidural injection. Staal JB, de Bie RA, in their Cochrane

review noted that there is no strong evidence for or against the use of any type of injection therapy. Also Blanchard V, Barr S found that the long term efficacy is not superior to that of physical therapy.