

Case Number:	CM13-0025340		
Date Assigned:	11/20/2013	Date of Injury:	12/02/2010
Decision Date:	02/04/2014	UR Denial Date:	09/03/2013
Priority:	Standard	Application Received:	09/18/2013

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 Orthopedic Surgery has a subspecialty in Hand Surgery and is licensed to practice in Texas. 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.

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 48 year old female who reported an injury on 12/02/2010. The mechanism of injury information was not provided in the medical record. The patient had received 12 post-operative physical therapy sessions after a right shoulder arthroscopy. MRI dated 06/17/2013 revealed subacromial/subdeltoid bursitis, acromioclavicular osteoarthritis, and supraspinatus tendonosis. Per the clinical note dated 05/11/2013, the patient reinjured her shoulder post a fall when she tripped over a toy 06/07/2013. Medication regimen included Tramadol ER, Prilosec, Vicodin, Motrin 800mg, and a topical cream. The dosage and frequency was not provided for these medications. The patient had received injection of lidocaine and cortisone, and stated her shoulder was improving.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cortisone injection to right shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): Initial Care.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 201-205.

Decision rationale: California MTUS ACOEM states invasive techniques have limited proven value. If pain with elevation significantly limits activities, a subacromial injection of local anesthetic and a corticosteroid preparation may be indicated after conservative therapy (i.e.,

strengthening exercises and nonsteroidal anti-inflammatory drugs) for two to three weeks. The evidence supporting such an approach is not overwhelming. The total number of injections should be limited to three per episode, allowing for assessment of benefit between injections. The patient reinjured her shoulder on 06/07/2013 and there is no objective clinical documentation of the patient undergoing any conservative therapies at that time. All conservative treatments were prior to the patient re-injury of the shoulder post a fall. Due to the lack of conservative therapy attempts and documentation of these attempts and their outcome the medical necessity for cortisone injection to the right shoulder cannot be proven. As such, the request for cortisone injection to right shoulder is non-certified.

MRI of the right shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 207-9.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder Chapter, Magnetic resonance imaging (MRI)

Decision rationale: Official Disability Guidelines state repeat MRI is not routinely recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology. The clinical information submitted for review noted the patient has undergone an MRI after her fall and is improving since the injection was provided. Therefore, given there has not been a documented significant change in symptoms and/or findings suggestive of significant pathology, the request is not supported. As such the request for MRI of the right shoulder is non-certified.