

Case Number:	CM13-0035591		
Date Assigned:	12/13/2013	Date of Injury:	10/04/2011
Decision Date:	02/21/2014	UR Denial Date:	09/19/2013
Priority:	Standard	Application Received:	10/17/2013

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 Physical Medicine and Rehabilitation and Pain Management, has a subspecialty in Interventional Spine 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. 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:

A 35-year-old male, date of injury 10/04/2011. The request for cortisone injection of the shoulder was denied by utilization review letter, 09/19/2013. The review indicates that there was no report of when and what type of surgery the patient had to the right shoulder or subjective complaints and physical exam findings to support cortisone injection. 09/16/2013 report is handwritten by [REDACTED]. Listed diagnoses were cephalgia, cervical spine sprain, left shoulder sprain/strain, status post right shoulder arthroscopic surgery. Description of symptoms indicates right shoulder pain going to neck, increased insomnia due to pain. 02/23/2013 report is an operative report by [REDACTED] for rotator cuff tear, tendonitis, and impingement. Narrative report, 04/09/2013, by [REDACTED] shows that the patient still has pain despite surgery. The patient was referred for physical therapy. At 06/24/2014, the patient still complained of pain and request for shoulder injection into the right rotator cuff muscle.

IMR ISSUES, DECISIONS AND RATIONALES

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

The requested treatment for Cortisone Injection right shoulder 1x1: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM.

Decision rationale: This patient presents with continued right shoulder pain being status post right arthroscopic rotator cuff repair from 02/23/2013. The treating physician has asked for cortisone injection of the right shoulder, 06/24/2013, as well as report from 09/16/2013. This request was denied by utilization reviewer due to lack of information such as type of shoulder surgery, symptom location, and examination. Authorization necessary the cortisone injection into the shoulder. This patient is status post arthroscopic repair of the rotator cuff and has not experienced much reduction of the symptoms. It is reasonable to trial 1 or 2 subacromial injections of local anesthetic and cortisone for this patient. ACOEM Guidelines, page 213, specifically allow for 2 or 3 subacromial injections of local anesthetic and cortisone. Review of the reports from 01/08/2013 to 09/16/2013 do not show that this patient has had prior cortisone injection and certainly none after the shoulder surgery. Therefore the request for Cortisone Injection to right shoulder is medically necessary.