

Case Number:	CM13-0036126		
Date Assigned:	12/13/2013	Date of Injury:	01/17/2011
Decision Date:	04/18/2014	UR Denial Date:	10/03/2013
Priority:	Standard	Application Received:	10/18/2013

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation, 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 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/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 62-year-old female who reported an injury on 01/17/2011. The mechanism of injury information was not provided in the medical record. Review of the medical record reveals the patient's diagnoses include status post bilateral carpal tunnel release; status post left shoulder arthroscopy; status post right shoulder arthroscopy; right shoulder rotator cuff tendinitis; cervical spine herniated disc; depression; and left upper extremity radiculopathy. The patient's most recent clinical evaluation dated 09/10/2013 documented that the patient had an 80 improvement in symptoms related to her shoulder pain since her left shoulder surgery and an improvement in right shoulder complaints with a recent flare up of pain. Physical findings included negative orthopedic testing for the right shoulder with 5/5 strength with resistance. A request was made for physical therapy for the right shoulder followed by a corticosteroid injection if there was no improvement

IMR ISSUES, DECISIONS AND RATIONALES

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

CORTISONE INJECTION OF RIGHT SHOULDER JOINT: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints
Page(s): 212-214.

Decision rationale: The requested cortisone injection for the right shoulder is medically necessary and appropriate. The ACOEM recommends 2 to 3 subacromial corticosteroid injections in conjunction with a restoration program. The clinical documentation does indicate that the patient has had improvement with physical therapy; however, has had an acute flare up of pain. There is no documentation that the patient has previously received a corticosteroid injection for this injury. Therefore, a corticosteroid injection of the right shoulder would be supported for this patient to assist in participating in the physical therapy that is part of the patient's treatment plan for the right shoulder. As such, the requested corticosteroid injection of the right shoulder is medically necessary and appropriate