

Case Number:	CM13-0046683		
Date Assigned:	06/09/2014	Date of Injury:	04/23/2013
Decision Date:	07/14/2014	UR Denial Date:	10/23/2013
Priority:	Standard	Application Received:	11/01/2013

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, has a subspecialty in Pain Medicine, and is licensed to practice in New York and 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 injured worker is a 57 year old cemetery caretaker who was injured on 4/23/13 while attempting to exit a grave; he pushed down on the grave edges with both arms to support and lift his body, and felt a pop in his right shoulder followed by immediate pain. Current diagnoses included supraspinatus tendon tear and right shoulder pain. Clinical documentation dated 10/10/13 indicated that the injured worker presented complaining of right upper arm pain rated 8/10 triggered with range of motion. Physical examination revealed tenderness of the shoulder with pain on forward flexion. Current medications included Cyclobenzaprine, ibuprofen, Lisinopril, Januvia, and atenolol. The treatment plan included second orthopedic surgeon opinion per injured worker request, authorization for functional capacity evaluation, prescription for Medrol DosePak in view of inadequate response to non-steroidal anti-inflammatory medications (NSAIDs), and prescription for regular insulin and associated supplies.

IMR ISSUES, DECISIONS AND RATIONALES

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

MEDROL DOSE PACK: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints
Page(s): SYSTEMIC CLUCOCORTICOSTEROIDS (AKA STEROIDS).

Decision rationale: As noted in the ACOEM, there are no quality placebo-controlled trials of oral glucocorticoids. Guidelines indicate that it may be reasonable to use oral steroids in those who declined injection, but continue to have an inadequate result with non-steroidal anti-inflammatory medications (NSAIDs) and exercises. MRI of the shoulder revealed rotator cuff tendinopathy and diffuse subdeltoid/subacromial fluid. The patient underwent cortisone injection on 8/29/13; however, efficacy was not documented. Oral corticosteroids are recommended as an option for adhesive capsulitis of the shoulder. Results may be short-term, and oral is somewhat less effective but less invasive compared to injections. There is no indication in the documentation that the patient has refused further injections or has been diagnosed with adhesive capsulitis. As such, the request for Medrol dose pack cannot be recommended as medically necessary.