

Case Number:	CM13-0055345		
Date Assigned:	12/30/2013	Date of Injury:	10/11/2010
Decision Date:	03/26/2014	UR Denial Date:	11/11/2013
Priority:	Standard	Application Received:	11/18/2013

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, 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. 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 32-year-old female who reported an injury on 10/11/2010. The mechanism of injury was not provided. The clinical note dated 12/09/2013 indicated the patient had continued being symptomatic with pain and discomfort involving her neck, right shoulder, and right upper extremity. Upon examination, there was decreased right shoulder range of motion with positive rotator cuff impingement of the right shoulder. There was decreased cervical range of motion. There was also myofascial trigger point in the cervical paraspinal musculature. The diagnoses provided were right shoulder sprain/strain injury; repetitive strain injury; myofascial pain syndrome; right shoulder rotator cuff injury; right lateral epicondylitis; and right forearm pain. Treatment plan included the patient would continue use of Naprosyn, Lidoderm patch, and tramadol.

IMR ISSUES, DECISIONS AND RATIONALES

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

One (1) Cortisone injection to the left shoulder: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder Chapter.

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

Decision rationale: The request for 1 cortisone injection to the left shoulder is non-certified. The MTUS/ACOEM guidelines indicate that 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 2 to 3 weeks. The records provided for review indicated there was decreased right shoulder range of motion with positive rotator cuff impingement of the right shoulder. There was decreased cervical range of motion and there was myofascial trigger point in the cervical paraspinal musculature. However, the records provided for review failed to show documentation of significantly limited activities and documentation of conservative therapy including strengthening exercise and nonsteroidal anti-inflammatory drugs for 2 to 3 weeks. As such, the request for 1 cortisone injection to the left shoulder is not supported. Therefore, the request is non-certified.