

Case Number:	CM13-0060193		
Date Assigned:	04/23/2014	Date of Injury:	09/20/2013
Decision Date:	07/02/2014	UR Denial Date:	11/07/2013
Priority:	Standard	Application Received:	12/02/2013

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 & Rehabilitation, 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 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:

According to the records made available for review, this is a 50-year-old male with a 9/20/13 date of injury. At the time (10/30/13) of request for authorization for cortisone injection to the right shoulder, there is documentation of subjective (right shoulder pain with difficulty performing overhead activities, weakness, numbness radiating to the elbow, and difficulty sleeping due to pain) and objective (diffuse tenderness to palpation around the shoulder with limited active motion, decreased forward elevation and external/internal rotation, 3 out of 5 muscle strength, and decreased sensation throughout the shoulder) findings, imaging findings (MRI of the right shoulder (10/8/13) report revealed full-thickness and complete tears of the supraspinatus and infraspinatus tendons with retraction to the level of the glenohumeral joint and severe fatty atrophy of the muscle bellies; tendinopathy of subscapularis; and mild to moderate glenohumeral and acromioclavicular osteoarthritis), current diagnoses (right shoulder pain with massive rotator cuff tear with retraction and a cyst at the rotator cuff insertion and onto humerus), and treatment to date (exercises and medication). In addition, 10/30/13 medical report plan identifies subacromial injection and physical therapy to follow injection. There is no documentation of rotator cuff inflammation, impingement, or small tears/partial thickness tears.

IMR ISSUES, DECISIONS AND RATIONALES

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

CORTISONE INJECTION TO THE RIGHT SHOULDER: 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): 213. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder, Steroid Injections.

Decision rationale: MTUS reference to ACOEM Guidelines identifies that shoulder injection is recommended as part of an exercise rehabilitation program to treat rotator cuff inflammation, impingement, or small tears, and that partial thickness tears can be treated the same as impingement syndrome. ODG identifies documentation of pain with elevation significantly limiting activities and conservative therapy (i.e., strengthening exercises and NSAIDs) for two to three weeks, as criteria necessary to support the medical necessity of subacromial cortisone injections. Within the medical information available for review, there is documentation of a diagnosis of right shoulder pain with massive rotator cuff tear with retraction. In addition, there is documentation of a plan for an exercise rehabilitation program to follow injection; pain with elevation significantly limiting activities, and conservative therapy (strengthening exercises and NSAIDs) for two to three weeks. However, given documentation of imaging findings (MRI of the right shoulder identifying full-thickness and complete tears of the supraspinatus and infraspinatus tendons), there is no documentation of rotator cuff inflammation, impingement, or small tears/partial thickness tears; and a rationale identifying the medical necessity of the requested cortisone injection to the right shoulder. Therefore, based on guidelines and a review of the evidence, the request for cortisone injection to the right shoulder is not medically necessary.