

Case Number:	CM13-0070655		
Date Assigned:	01/08/2014	Date of Injury:	08/21/2000
Decision Date:	05/29/2014	UR Denial Date:	11/25/2013
Priority:	Standard	Application Received:	12/24/2013

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 Orthopaedic Surgery 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:

This 66-year-old female janitor sustained injury to the right shoulder on 8/21/2000, pulling a heavy pallet. She underwent right shoulder arthroscopy with acromioplasty and coracoacromial ligament release on 4/11/01. Records indicated that the patient developed gastroesophageal reflux disease secondary to anti-inflammatory use. The 6/13/12 right shoulder MRI revealed mild supraspinatus-infraspinatus and subscapularis tendinosis, and acromioclavicular joint arthrosis and type II shaped acromion. There was no significant cuff impingement or obvious labral tear. Increased right shoulder symptoms have been treated since at least early 2013. There was a reduction in shoulder motion to 90 degrees documented the 4/10/13 progress report and grade 7/10 pain with activity. The 5/8/13 progress report noted continued aching right shoulder pain radiating into the mid back. Physical exam noted right shoulder tenderness radiating to the last 2 fingers, extension 120 degrees, pain with elevation, and all symptoms slightly increased. The diagnosis was adhesive capsulitis and cervical radiculopathy. Manipulation under anesthesia was discussed; the patient wished to try an injection again. Records documented persistent grade 7/10 right shoulder pain with activity that began to radiate into the thoracic region and down the low back. There was no progressive improvement despite multiple anti-inflammatories, muscle relaxants, TENS use, ice, and daily home exercise with bands. The 10/4/13 progress report cited constant sharp grade 7/10 shoulder pain associated with cervicothoracic pain and spasms. Physical exam noted acromioclavicular joint and bicipital tendon tenderness, positive Yergason's, increased pain with resisted range of motion, and no capsular pain. The diagnosis was shoulder sprain/strain, adhesive capsulitis, shoulder impingement, cervical radiculopathy, and chronic pain. The treatment plan added Nucynta to current medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

TRAIL OF INTRA-ARTICULAR RIGHT SHOULDER INJECTION: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 204. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), TWC, Shoulder.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder, Steroid Injections.

Decision rationale: Under consideration is a request for a trial of intra-articular right shoulder injection. The California MTUS do not provide recommendations for chronic shoulder injuries. The Official Disability Guidelines generally recommend steroid injections for a diagnosis of adhesive capsulitis, impingement syndrome, or rotator cuff problems. Criteria include pain not controlled adequately be recommended conservative treatments after at least 3 months and pain interferes with functional activity, when injection is intended for short-term control of symptoms to resume conservative medical management. Guideline criteria have been met. The current diagnosis is adhesive capsulitis and shoulder impingement. An elevation of chronic right shoulder pain and functional difficulty is noted in the records since early 2013. Comprehensive pharmacological treatment has been tried and has failed to provide adequate control of symptoms. Reasonable non-pharmacological treatment has been tried, including daily home physical therapy modalities and exercise, and has failed. The patient has difficulty tolerating non-steroidal anti-inflammatory drug therapy due to gastroesophageal reflux disease and is reporting increasing gastrointestinal symptoms. Therefore, and consistent with guidelines, this request for a trial of intra-articular right shoulder injection is medically necessary.