

Case Number:	CM14-0101770		
Date Assigned:	07/30/2014	Date of Injury:	07/30/2011
Decision Date:	10/03/2014	UR Denial Date:	06/03/2014
Priority:	Standard	Application Received:	07/01/2014

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 Nevada. 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 male who was reportedly injured on 7/30/2011. The mechanism of injury is noted as a slip and fall. The claimant underwent arthroscopic surgery of the right shoulder for a rotator cuff tear on 2/27/2014. The most recent progress notes dated 4/16/2014 and 4/23/2014 indicate that there are ongoing complaints of right shoulder pain. Physical examination of the right shoulder demonstrated flexion 110, abduction 80, internal/external rotation 45; strength is deferred. No recent diagnostic imaging studies available for review. Previous treatment includes arthroscopic surgery, physical therapy, transcutaneous electrical nerve stimulation unit, home exercise program and Percocet. A request was made for an Ultrasound guided cortisone and lidocaine injection in the right shoulder, and was not certified in the utilization review on 6/3/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

URGENT Ultrasound guided cortisone and lidocaine injection right shoulder: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG -TWC/ODG Integrated Treatment/Disability

Duration Guidelines; Shoulder (Acute & Chronic) - Steroid Injections: (updated 7/29/14).
American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004)

Decision rationale: The Official Disability Guidelines supports steroid injections for specific diagnosis: adhesive capsulitis, impingement syndrome and rotator cuff problems; except for post-traumatic impingement of the shoulder. Review of the available medical records, documents a gradual improvement in right shoulder pain with physical therapy after arthroscopic surgery in February 2014, and currently takes one Percocet a day for pain. The request for a right shoulder injection is not considered medically necessary.