

Case Number:	CM14-0011567		
Date Assigned:	02/21/2014	Date of Injury:	01/07/2012
Decision Date:	07/08/2014	UR Denial Date:	01/06/2014
Priority:	Standard	Application Received:	01/29/2014

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 & Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in Minnesota. 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 47-year-old male who reported an injury on 01/07/2012. He injured his bilateral shoulders grooming a horse. The clinical note dated 12/11/2013 noted the injured worker presented with bilateral shoulder pain and complaints of pain with overhead activity or any heavy lifting. Upon examination, the right shoulder range of motion values were 180 degrees of flexion, 60 degrees of extension, 180 degrees of abduction, 90 degrees of external rotation, and 75 degrees of internal rotation. The right shoulder tested positive for Neer's, Speed's, and impingement. Upon left shoulder examination, the range of motion values were 180 degrees of flexion, 60 degrees of extension, 180 degrees of abduction, 90 degrees of external rotation, and 70 degrees of internal rotation. There was tenderness to palpation at the biceps tendon, a positive Speed's test, and a positive impingement. Imaging review of the right shoulder demonstrated shoulder bursitis, partial supraspinatus tear, subscapularis tear, biceps tendinitis, and a SLAP tear. MRI of the left shoulder demonstrated bursitis, a SLAP tear, and mild glenohumeral osteoarthritis. The diagnoses were bilateral shoulder bursitis, bilateral rotator cuff tendinitis, bilateral shoulder SLAP tear, and right shoulder partial rotator cuff tear. Previous treatment included home exercise program and chiropractic treatment. Current treatment includes the provider recommended 1 bilateral shoulder steroid injection x 4 to see if the injured worker gets relief; if not, they may pursue surgical treatment with arthroscopy and debridement. The request for authorization form was dated 12/11/2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

ONE BILATERAL SHOULDER STEROID INJECTIONS X 4: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 204.

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

Decision rationale: The request for ONE BILATERAL SHOULDER STEROID INJECTIONS X 4 is not medically necessary. ACOEM/California MTUS Guidelines state invasive techniques have limited proven value. If pain with elevation significantly limits activities, a subacromial injection or local anesthetic and a corticosteroid preparation may be indicated after conservative therapy, strengthening exercises, and nonsteroidal anti-inflammatory drugs, for 2 to 3 weeks. The evidence regarding such an approach is not overwhelming. The total number of injections should be limited to 3 per episode, allowing for assessment of benefit between injections. The included medical documents lack evidence of the efficacy of the conservative therapy treatment that includes medications and physical medicine. The request for 4 injections exceeds the Guideline recommendations of limiting 3 injections per episode. As such, the request for ONE BILATERAL SHOULDER STEROID INJECTIONS X 4 is not medically necessary.