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| Case Number: | CM14-0014472 | | |
| Date Assigned: | 02/28/2014 | Date of Injury: | 02/18/2000 |
| Decision Date: | 07/15/2014 | UR Denial Date: | 01/14/2014 |
| Priority: | Standard | Application Received: | 02/05/2014 |

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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in California and 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 56 year old male who sustained an injury to his right shoulder on 02/18/00 due to cumulative trauma while performing his usual and customary duties as a retail store stock manager. The injured worker continues to complain of left wrist pain that he stated was worse than it had been previously. He described the pain as severe in nature and feels like he has a bruise-like pain whenever he squeezes with his wrist that radiates to the 3rd and 4th digits. Physical examination noted a well-healed 4mm surgical incision scar on the radial aspect of the left wrist overlying the 1st dorsal compartment, unchanged from prior examination; mild tenderness over the ulnar aspect of the left wrist; tenderness in the mid-dorsum of the left wrist; negative Finkelstein's test; volar tenderness of the wrist on today's examination; range of motion dorsa flexion in the left wrist was 70 degrees, palmar flexion 66 degrees, ulnar deviation 34 degrees, radial deviation 25 degrees.

IMR ISSUES, DECISIONS AND RATIONALES

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

TWO (2) CORTISONE INJECTIONS TO THE RIGHT SCAPULAR REGION: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints.

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

Decision rationale: The request for two Cortisone injections into the right scapular region is not medically necessary. The previous request was denied on the basis that current evidence based guidelines showed limited proven value for these invasive techniques; however, the pain significantly limits activities, a subacromial injection may be indicated after conservative therapy for 2-3 weeks. The Official Disability Guidelines state that steroid injections are recommended for adhesive capsulitis, impingement syndrome, or rotator cuff problems if controlled inadequately by recommended conservative treatments including physical therapy, exercise, NSAIDs, and Acetaminophen after at least 3 months, when pain interferes with functional activities and if intended for short term control of symptoms to resume conservative management. Given the clinical documentation submitted for review, medical necessity of the request for 2 Cortisone injections for the right scapular region has not been established.