

Case Number:	CM14-0111925		
Date Assigned:	08/01/2014	Date of Injury:	09/18/2010
Decision Date:	10/07/2014	UR Denial Date:	06/18/2014
Priority:	Standard	Application Received:	07/17/2014

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 Texas. 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 62 year old male who sustained an injury to his right shoulder on 09/18/10 when the injured worker was opening a door and as the door fell back; it caught his right hand causing swelling and an abrasion. Plain radiographs were normal. MRI of the right shoulder dated 11/05/11 revealed no evidence of a tear of the rotator cuff, but suspected degeneration and tendinosis of the supraspinatus, degenerative changes at the right acromioclavicular joint associated with mild hypertrophic changes on its inferior aspect. Physical examination noted tenderness at the right anterior shoulder and right shoulder; range of motion of the right shoulder was decreased due to pain. The injured worker was diagnosed with chronic pain, other. The injured worker was recommended for right shoulder steroid injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right Shoulder Subacromial Bursa Injection Steroid: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): Table 9 - 6 Summary of Recommendation for Evaluating and Managing 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 previous request was denied on the basis that the submitted report failed to provide any objective evidence suggestive of adhesive capsulitis, impingement syndrome, or rotator cuff pathology to warrant the requested injection. There was also no recent evidence of failure with recommended conservative care such as physical therapy prior to the decision of recommending a more invasive form of treatment. The request cannot be deemed as medically appropriate. The Official Disability Guidelines states that treatment with this modality requires documentation that the injured worker's pain has not been controlled adequately by recommended conservative treatments (physical therapy and exercise, NSAID's, or Acetaminophen), after at least 3 months. There was no indication that the injured workers currently in physical therapy or is actively participating in a home exercise program. Given this, the request for right shoulder subacromial bursa injection steroid is not indicated as medically necessary.