

Case Number:	CM14-0114496		
Date Assigned:	09/18/2014	Date of Injury:	03/28/2012
Decision Date:	11/06/2014	UR Denial Date:	06/19/2014
Priority:	Standard	Application Received:	07/21/2014

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 Neurology, has a subspecialty in Neuromuscular Medicine and is licensed to practice in New Jersey. 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 patient is a 40-year-old woman who sustained a work-related injury on March 28, 2012. Subsequently she developed left shoulder pain. According to progress report dated on January 2, 2014, the patient reported improvement of his pain severity decreased from 9.5 over 10 to 6. 5/10 with acupuncture. His shoulder range of motion improved. Left shoulder MRI performed on April 9, 2014 demonstrated mild left rotator cuff tendinosis. The patient was treated with physical therapy without help. The provider requested authorization for left shoulder cortisone injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cortisone injection to the left shoulder: 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): 204 and 213.

Decision rationale: According to MTUS guidelines, invasive techniques have limited proven value. If pain with elevation significantly limits activity, a subacromial injection of local anesthetic and corticosteroid preparation may be indicated after conservative therapy for 2 to 3

weeks. However the evidence supporting such an approach is not overwhelming. According to MTUS guidelines, 2 or 3 subacromial injections of local anesthetics and cortisone preparation over an extended period as a part of an exercise rehabilitation program to treat rotator cuff inflammation, impingement syndrome, or small tear is recommended. There is no specific recommendation to use ultrasound or use of fluoroscopy. In this case, there no objective documentation of failure of adequate trials of conservative therapies. Furthermore it is not clear that the injection is a part of an exercise rehabilitation program. Also it is not clear if there a pain with shoulder elevation significantly limiting shoulder mobility. Therefore the request for Cortisone Injection to the left shoulder is not medically necessary.