

Case Number:	CM14-0154254		
Date Assigned:	09/23/2014	Date of Injury:	01/10/2011
Decision Date:	10/24/2014	UR Denial Date:	09/03/2014
Priority:	Standard	Application Received:	09/22/2014

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 Texas & Oklahoma. 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 40-year-old male who reported an injury on 01/10/2011. The mechanism of injury was a fall. The diagnoses included right shoulder girdle pain, partial tear of the supraspinatus, acromioclavicular arthropathy, and depressive symptoms. Past treatments included medications and injection of the right shoulder on 03/07/2013, which was noted to be without significant improvement. The progress note, dated 08/12/2014, noted the injured worker's complaints to be unchanged since the last visits, which indicated low back pain. The physical examination noted the cervical range of motion to be 90% of expected. The medications included Vicodin 5/500 mg 2 tablets daily for severe pain, Flexeril 10 mg daily for spasms, Naprosyn 500 mg twice daily, and zolpidem 10 mg every night. The treatment plan requested physical therapy for the flareup of right shoulder pain, and to renew the Vicodin and Flexeril. The Request for Authorization form was submitted for review on 08/26/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right Shoulder Joint Steroid Injection: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines: Shoulder Updated 8/27/2014, Steroid Injections; Criteria for Steroid Injections

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints
Page(s): 213.

Decision rationale: The injured worker had low back pain. There was no further assessment or physical examination of the right shoulder. The California MTUS/ACOEM guidelines recommend subacromial steroid injections as part of an exercise rehabilitation program to treat impingement syndrome or rotator cuff tears. There was no indication of a rotator cuff tear or impingement syndrome. There was no indication of right shoulder pain. Assessment of the shoulder was not provided. Given the previous, a steroid injection is not indicated at this time. Therefore the request for Right Shoulder Joint Steroid Injection is not medically necessary.