

Case Number:	CM14-0154560		
Date Assigned:	09/24/2014	Date of Injury:	06/06/2010
Decision Date:	10/31/2014	UR Denial Date:	09/16/2014
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 Rheumatology and is licensed to practice in Maryland. 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 36 year old male patient with date of injury 6/6/2010. The mechanism of injury is not stated in the available medical records. The patient has complained of right shoulder pain since the date of injury. He is status post right rotator cuff arthroscopic repair in 2012 and has also been treated with a right shoulder intra-articular steroid injection, physical therapy, acupuncture and medications. There are no radiographic data included for review. Objective: decreased and painful range of motion of the right shoulder, positive Hawkin's test, positive crossover test, tenderness to palpation of the cervical spine paraspinous musculature, mild decrease in strength of the right upper extremity, painful and decreased range of motion of the lumbar spine. Diagnoses: degenerative joint disease cervical spine, right shoulder pain. Treatment plan and request: right shoulder intra-articular corticosteroid injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right intra-articular shoulder steroid injection: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment in Workers Compensation (TWC): Online Edition, Chapter: Shoulder, Steroid Injections

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Shoulder complaints Page(s): 213.

Decision rationale: This 36 year old male has complained of right shoulder pain since date of injury 6/6/2010. He is status post right rotator cuff arthroscopic repair in 2012 and has also been treated with a right shoulder intra-articular steroid injection sub-acromial versus intra-articular injection (not specified), physical therapy, acupuncture and medications. The current request is for a right shoulder intra-articular corticosteroid injection. Per the MTUS guidelines cited above, 2 or 3 subacromial space injections over an extended period may be performed as part of an exercise rehab program. Prolonged corticosteroid injections into the subacromial space and injections into the intra-articular space of the shoulder joint are not recommended. There is no documentation of an ongoing exercise rehab program at the time of the requested injection. Furthermore, the request is made for an intra-articular steroid injection which is not recommended by the MTUS guidelines. On the basis of these guidelines and the available medical documentation, an intra-articular corticosteroid injection into the right shoulder joint space is not medically necessary.