

Case Number:	CM14-0167752		
Date Assigned:	10/15/2014	Date of Injury:	06/06/2008
Decision Date:	11/18/2014	UR Denial Date:	09/16/2014
Priority:	Standard	Application Received:	10/10/2014

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 Occupational Medicine and is licensed to practice in California. 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:

According to the records made available for review, this is a 64-year-old female with a 6/6/08 date of injury, and status post right carpal tunnel release 5/15/14. At the time (9/15/14) of request for authorization for U/S guided cortisone injection to the right shoulder, there is documentation of objective (decreased right shoulder range of motion, tenderness over the greater tuberosity bilaterally, positive right subacromial grinding and clicking, tenderness over right rotator cuff muscles, and positive right impingement) findings, current diagnoses (right shoulder sprain/strain, tendonitis, impingement syndrome, rotator cuff tear, and internal derangement), and treatment to date (activity modification). There is no documentation of pain with elevation significantly limiting activities and conservative therapy (strengthening exercises and NSAIDs) for two to three weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

U/S Guided Cortisone Injection to the Right Shoulder: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 213. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder, Steroid Injections

Decision rationale: MTUS reference to ACOEM Guidelines identifies that shoulder injection is recommended as part of an exercise rehabilitation program to treat rotator cuff inflammation, impingement, or small tears, and that partial thickness tears can be treated the same as impingement syndrome. ODG identifies documentation of pain with elevation significantly limiting activities and conservative therapy (i.e., strengthening exercises and NSAIDs) for two to three weeks, as criteria necessary to support the medical necessity of subacromial cortisone injections. Within the medical information available for review, there is documentation of diagnoses of right shoulder sprain/strain, tendonitis, impingement syndrome, rotator cuff tear, and internal derangement. However, there is no documentation of pain with elevation significantly limiting activities and conservative therapy (strengthening exercises and NSAIDs) for two to three weeks. Therefore, based on guidelines and a review of the evidence, the request for U/S guided cortisone injection to the right shoulder is not medically necessary.