

Case Number:	CM14-0021432		
Date Assigned:	05/07/2014	Date of Injury:	07/30/2010
Decision Date:	07/09/2014	UR Denial Date:	02/05/2014
Priority:	Standard	Application Received:	02/20/2014

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 Orthopedic Surgery and is licensed to practice in Mississippi. 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 claimant is a 61-year-old male who sustained an injury on 7/30/2010. The claimant injured their right shoulder after some boxes fell on top of his right shoulder. After conservative treatment, physical therapy and non-steroidal anti-inflammatory medications failed, the claimant underwent a right shoulder subacromial decompression and acromioclavicular joint excision on 11/14/2013. At the most recent office visits on 4/4/2014 and 4/18/2014, the claimant reported severe shoulder pain after they returned to work. Physical examination of the right shoulder reveals well-healed and mildly tender arthroscopic incision. There is no soft tissue swelling. There is no tenderness to palpation. There is no acromioclavicular joint or bicipital tenderness and or irritability. There is a negative impingement sign, grind sign, apprehension sign, and relocation sign. There is no shoulder instability. There are no paresthesia with shoulder motion. There is 4/5 rotator cuff/deltoids/biceps strength. Range of motion: flexion 170, abduction 155, extension 40, external rotation 45 , internal rotation 55 , and abduction 35. There is a greater passive range of motion; however, there does appear to have some residual adhesive capsulitis. Plain radiographs of the shoulder dated 1/23/2013 showed a type one acromion, anchors in the humeral head, a good subacromial decompression, a good acromioclavicular joint excision. Magnetic Resonance Imaging of the right shoulder dated 8/12/2013 showed increased signal in the rotator cuff, tendonopathy, and acromioclavicular joint spur impingement on the supraspinatus muscle. Diagnosis listed: arthritis acromioclavicular joint, acromioclavicular separation, bursitis of the shoulder, and torn rotator cuff. A request was made for Prednisone 10 Mg #42 which was denied on 2/4/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

PREDNISON 10MG #42: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): ODG Treatment Integrated Treatment/Disability Duration Guidelines, Pain (Chronic), Oral Corticosteroids, (updated 06/10/14).

Decision rationale: The MTUS and ACOEM do not address the use of oral corticosteroids for chronic shoulder pain. There is no data on efficiency or safety of systemic corticosteroids and chronic pain and given their serious adverse effects that should be avoided. The request for prednisone 10 mg #42 is considered not medically necessary under Official Disability Guidelines (ODG).