

Case Number:	CM14-0032935		
Date Assigned:	06/20/2014	Date of Injury:	03/12/2003
Decision Date:	07/24/2014	UR Denial Date:	02/19/2014
Priority:	Standard	Application Received:	03/14/2014

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 and Rehabilitation 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:

The patient is a 43 year old female who was injured on 03/12/2003 when she twisted her shoulder while she was preventing something from out of her hand. Prior treatment history has included Valium, Norco, Colace and Nuvaring vaginal ring. The patient underwent right shoulder surgery in 2003 and 02/12/2013. Diagnostic studies reviewed include MRI of the right shoulder without contrast dated 01/05/2012 revealed supraspinatus tendon tendinosis with partial bursal surface disruption and fraying of the supraspinatus tendon; and Type II acromion with lateral downsloping. There is widening of the acromioclavicular joint space with findings suggesting prior acromioclavicular joint surgery. Trace edema is present in the Subacromial bursa. Office visit dated 01/10/2014 indicates the patient had severe right shoulder and neck pain. She has completed physical therapy sessions and has been doing home exercise program daily. She was taking Naprosyn during her work for the pain and Norco at night. She stated she was interested in a repeat CESI as it helped before. Her medications allow her to increase her activity around the house and her pain is reduced. She rated her pain without medications an 8/10. On exam, the right shoulder has restricted range of motion with flexion to 125 degrees; extension limited to 10 degrees; abduction limited to 90 degrees; adduction to 5 degrees and passive elevation limited to 90 degrees. Hawkins test is positive and Neer test is positive. The cervical spine range of motion is limited with flexion to 60 degrees; extension to 10 degrees; right lateral bending to 5 degrees; left lateral bending to 35 degrees; lateral rotation to the left limited to 40 degrees and lateral rotation to the right limited to 35 degrees. On neurologic exam, motor strength is normal. She has diminished sensation along the right C5 dermatome and neural tension signs. Diagnoses are cervical spondylosis without myelopathy, cervicalgia, sprains and strains of shoulder and upper arm. Prior utilization review dated 02/17/2014 states the request for

right shoulder cortisone injection was not authorized as medical necessity has not been established.

IMR ISSUES, DECISIONS AND RATIONALES

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

Request for Right Shoulder Cortisone Injection: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 204.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG, Shoulder, Cortisone injection.

Decision rationale: Per ODG Criteria, shoulder steroid injections are indicated for Diagnosis of adhesive capsulitis, impingement syndrome, or rotator cuff problems, except for post-traumatic impingement of the shoulder; Not controlled adequately by recommended conservative treatments (i.e. physical therapy and exercise), after at least 3 months; Pain interferes with functional activities (e.g., pain with elevation is significantly limiting work); Intended for short-term control of symptoms to resume conservative medical management; Generally performed without fluoroscopic or ultrasound guidance; Only one injection should be scheduled to start, rather than a series of three initially. In this case, there is no documentation of 3 months of conservative treatment. There is no evidence of pain interfering with functional activities and in fact the patient reported that her pain was reduced and she was able to increase her activities around the house with medications. Therefore, the request for Right Shoulder Cortisone Injection is not medically necessary and appropriate.