

Case Number:	CM14-0034982		
Date Assigned:	06/23/2014	Date of Injury:	09/24/2003
Decision Date:	08/12/2014	UR Denial Date:	02/19/2014
Priority:	Standard	Application Received:	03/20/2014

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 Physical Medicine and Rehabilitation and is licensed to practice in Nevada. 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 65-year-old female who was reportedly injured on September 10, 1998. The mechanism of injury was not listed in these records reviewed. The most recent progress note dated February 5, 2014, indicated that there were ongoing complaints of left shoulder pain. The physical examination demonstrated decreased left shoulder range of motion and tenderness over the posterior scapula as well as the greater tuberosity of the humerus. There was no documentation regarding completed diagnostic studies. There was a request for a cortisone injection into the most tender spot. Continued neck exercises were recommended.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cortisone injectuion into the spot that is most tender, QTY: 1: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, shoulder procedure summary, criteria for steroid injections.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 122.

Decision rationale: It is unclear from this request exactly what type of injection was requested for it to be a trigger point injection or injection for the shoulder. No particular location for this

injection in the shoulders was mentioned, nor was there any trigger points found on physical examination. Without additional justification, this request for a cortisone injection into the spot, that is most tender, is not medically necessary.