

Case Number:	CM14-0037606		
Date Assigned:	06/25/2014	Date of Injury:	01/12/2006
Decision Date:	08/05/2014	UR Denial Date:	03/03/2014
Priority:	Standard	Application Received:	03/28/2014

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:

The applicant is a represented [REDACTED] employee who has filed a claim for chronic shoulder pain reportedly associated with an industrial injury of January 12, 2006. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; adjuvant medications; opioid therapy; and various and sundry lumbar interventional spine procedures, including SI joint blocks and facet joint blocks. In a utilization review report dated March 3, 2014, the claims administrator approved a request for Norco while denying the request for left shoulder major joint injection and an associated office visit. The claims administrator stated that the applicant had had prior shoulder injections over the course of the claim. The claims administrator suggests that the applicant has had prior injections over the course of the claim. The claims administrator further noted that ACOEM suggested that shoulder injections were of limited proven value. The applicant's attorney subsequently appealed. In a May 27, 2014 progress note, the applicant was described as permanent and stationary. The applicant carried diagnosis of lumbar spinal stenosis, myalgias and myositis, chronic low back pain, facet arthropathy, shoulder pain, and chronic pain syndrome. The applicant was using topical Pennsaid to the shoulder, Norco, Neurontin and Celebrex, it was stated. The applicant was apparently permanent and stationary and did not appear to be working. The applicant was described as status post two earlier shoulder surgeries. In a progress note dated March 26, 2014, the attending provider wrote that he was appealing the decision to deny the applicant's shoulder injection. It was stated that the applicant had been approved for Social Security Disability Insurance (SSDI). The attending provider stated that it was unlikely that the applicant would ever go back to work, so functional improvement was therefore not a factor in the treatment plan. On February 21, 2014, the applicant presented with persistent back and shoulder pain. The attending provider wrote that the applicant had had a shoulder injection in

July 2013, which gave her improvement for several months. The attending provider stated that the applicant was having difficulty reaching overhead and that therefore a repeat shoulder injection was needed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left Shoulder Major Joint Injection Quantity :1.00: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 204.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): Table 9-6, page 213.

Decision rationale: As noted in the MTUS-adopted ACOEM Guidelines in Chapter 9, Table 9-6, page 213, prolonged or frequent use of cortisone injections into the subacromial space or the shoulder joint are deemed not recommended. While there is support in ACOEM Chapter 9, Table 9-6, page 213 for two or three subacromial injections over an extended period as part of rehabilitation program to treat rotator cuff inflammation, impingement, or small tears, in this case, as noted by the attending provider, the applicant is not intent on functional restoration. The applicant is not intent on returning to work. The applicant has no plans to return to the workplace and/or workforce, the attending provider has suggested on several occasions. The applicant has already had several injections over the course of the claim. Prolonged and/or repeated injections are not recommended by ACOEM, particularly in the absence of functional improvement, as appears to be the case here. Therefore, the request is not medically necessary.

Office Visit For Injection Quantity :1.00: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Non-MTUS ACOEM ,Chapter 7, pg 127, Independent Medical Examination And Consultations.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): Table 9-6, page 213.

Decision rationale: As noted previously, the MTUS Guideline in ACOEM Chapter 9, Table 9-6, page 213 notes that prolonged or frequent use of corticosteroid injections into the shoulder joint are not recommended. In this case, the proposed shoulder corticosteroid injection and derivative office visit do, in fact, represent repetition of an earlier set of shoulder corticosteroid injections. The injection itself was deemed not medically necessary, above, in question #1. Therefore, the derivative request for an office visit is likewise not medically necessary.