

Case Number:	CM14-0040216		
Date Assigned:	06/27/2014	Date of Injury:	07/27/2012
Decision Date:	11/14/2014	UR Denial Date:	03/12/2014
Priority:	Standard	Application Received:	04/07/2014

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:

66 year old female laundry worker injured at work on 27 July 2012 when she suddenly developed pain in her right shoulder and right side of neck while lifting linen. This has been diagnosed as complete rupture of her right rotator cuff and neck osteoarthritis which is worse at C6-7. On 28 Nov 2012 she had arthroscopic repair of her shoulder but notes the pain worsened since the surgery. Comorbid conditions include hyperlipidemia, obesity (BMI = 36.6), hypothyroidism, hypertension, and osteoarthritis in many joints (cervical spine, lumbar spine, knees). Presently she complains of constant pain in her right shoulder, constant pain in the right side of her neck with radiation into right trapezius, scapula and right arm. There is also numbness and tingling in both hands. She is able to perform activities of daily living. Exam (May 2014) reveals mild restriction of lateral flexion of the cervical spine to the left side with pain on motion. Mild to moderate pain in right lower trapezius and levator scapulae muscles, limited motion of right shoulder with pain on motion and positive impingement sign. She has no change in motion of the left shoulder from prior evaluation (which showed mild decreased range of motion and a negative impingement test). Right shoulder MRI (7 Nov 2013) showed full thickness tear of the distal supraspinatus tendon. Treatment has included shoulder surgery, ice, physical therapy, electrical stimulation, cortisone injection into right shoulder (6 Sep 2013 - not helpful) and medications (Tylenol, Tylenol with codeine, Zanaflex, naprosyn, Flexeril, Voltaren Gel, Tramadol, Vicodin, Norco, ibuprofen and Vit B complex). The present plan is to give another trial of cortisone injection into right shoulder, if that fails then to proceed to surgery.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cortisone injection to left shoulder 1x1: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment, Chapter 9 Shoulder Complaints Page(s): 48; 204, 213.

Decision rationale: There is limited research-based evidence or random controlled studies to endorse or disapprove use of corticosteroid injections for care of shoulder pain. However, according to ACOEM, there is enough evidence to consider this injection (up to 3 times) when other therapies have not been helpful, especially when the only other treatment being offered is surgery. However, this request is for a corticosteroid injection in the left shoulder. The patient injured at work and is presently complaining of pain in her right shoulder. The medical records discuss using a corticosteroid injection in the right shoulder before moving on to surgery. There is no documented reason for a corticosteroid injection into the left shoulder; therefore this procedure is not medically necessary.