

Case Number:	CM14-0043983		
Date Assigned:	07/02/2014	Date of Injury:	09/20/2010
Decision Date:	08/27/2014	UR Denial Date:	04/01/2014
Priority:	Standard	Application Received:	04/10/2014

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 patient is a 46-year-old male who has submitted a claim for right shoulder impingement, right shoulder tendinitis, and right shoulder pain associated with an industrial injury date of 09/20/2010. Medical records from 12/12/2013 to 04/01/2014 were reviewed and showed that patient complained of sharp, stabbing right shoulder pain graded 8/10 with popping along the shoulder. Physical examination of the right shoulder revealed tenderness upon palpation over the AC joint of the right shoulder, anterolateral process of the acromion, and supraspinatus tendon. Shoulder ROM was decreased. Decreased strength (4/5) with infraspinatus, teres minor, and supraspinatus was noted. Empty can test, Impingement sign, Neer's test, Cross arm adduction test, Speed test, Yergason test and Hawkins sign were all positive. X-ray of the shoulder dated 12/12/2013 was unremarkable. MRI of the right shoulder dated 03/18/2014 revealed partial tear tendinosis involving the supraspinatus tendon, hypertrophic changes of the acromioclavicular joint as well as a laterally downsloping Type 3 acromion, mild subacromial/subdeltoid bursitis, and degenerative subcortical cysts noted with lateral aspect of the humeral head. Treatment to date has included steroid injections (date not made available), physical therapy and pain medications. Utilization review dated 04/01/2014 denied the request for right shoulder injection because the patient had prior injections without documented sustained improvement.

IMR ISSUES, DECISIONS AND RATIONALES

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

RIGHT SHOULDER INJECTION: 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) Shoulder, Steroid Injections.

Decision rationale: CA MTUS does not specifically address corticosteroid injections. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, Official Disability Guidelines (ODG) was used instead. ODG states that there is limited research to support the routine use of subacromial injections for pathologic processes involving the rotator cuff, but this treatment can be offered to patients. For rotator cuff disease, corticosteroid injections may be superior to physical therapy interventions for short-term results, and a maximum of three are recommended. Subacromial injections of corticosteroids are effective for improvement for rotator cuff tendonitis especially in the first 9-month period. In this case, the patient had received unspecified prior injections with no documentation of response. He has findings of chronic impingement (atrophy) and a Type 3 acromion. No rationale is presented describing why repeat injection is indicated. The guidelines state that steroid injections compared to physical therapy seem to have better initial but worse long-term outcomes. Therefore, the request for Right Shoulder Injection is not medically necessary.