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| Case Number: | CM14-0044763 | | |
| Date Assigned: | 06/23/2014 | Date of Injury: | 12/01/2004 |
| Decision Date: | 08/13/2014 | UR Denial Date: | 03/12/2014 |
| 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 Orthopedic Surgery 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:

This 54-year-old female sustained an industrial injury on 12/1/04. The mechanism of injury is not documented. The 2/25/14 right shoulder MRI impression documented tendinosis of the supraspinatus with possible partial tear of the anterior fibers. There was T2 intermediate signal in the inferior glenohumeral ligament and small effusion with synovitis consistent with adhesive capsulitis. The posterior labrum was diminutive and degenerated. There was moderate arthrosis of the acromioclavicular joint and a moderate amount of subacromial subdeltoid bursal fluid and debris. The 2/28/14 treating physician report cited significant pain in her neck, right shoulder and arm. Cervical MRI showed decreased disc height and small anterior and posterior osteophytes at C4/5, C5/6, and C6/7. The patient had been slowly developing a right frozen shoulder since November. Physical exam findings documented right shoulder abduction limited to 80 degrees. She was unable to continue working because she could not use her right arm. The patient had undergone two cervical epidural steroid injection which did not help. One initial intra-articular steroid injection had been provided by another physician and did not help. The treatment plan recommended one intra-articular shoulder injection with self-directed aquatic therapy. If that was not successful, right shoulder arthroscopy would be considered. The 3/12/14 utilization review denied the request for right shoulder intra-articular steroid injection as the clinical information indicated the patient had no benefit from the first injection to support the medical necessity of a subsequent injection. The patient appeal stated that she had never had an intra-articular steroid injection to the shoulder. She reported current medications included Nabumetone, hydrocodone-acetaminophen, and cyclobenzaprine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right shoulder intraarticular steroid injection: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 201-205.

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: The California MTUS does not provide recommendations for treatment of chronic shoulder injuries. The Official Disability Guidelines recommend steroid injections for the shoulder when indications are met. Indicated diagnoses include adhesive capsulitis. Criteria include pain not adequately controlled by conservative treatments, pain interferes with functional activities, and injection intended for short term control of symptoms to resume conservative medical management. A second injection is not recommended if there was no response to the first one. The number of injections should be limited to three. Guideline criteria have been met. The patient reported no prior injection to the right shoulder. Clinical exam and imaging findings support a diagnosis of adhesive capsulitis. Pain is not adequately controlled by home exercise and medications. The patient has been taken off work due to pain and range of motion limiting functional work ability. Therefore, this request for one right shoulder intra-articular injection is medically necessary.