

Case Number:	CM14-0045228		
Date Assigned:	06/27/2014	Date of Injury:	02/04/2009
Decision Date:	08/19/2014	UR Denial Date:	03/21/2014
Priority:	Standard	Application Received:	04/01/2014

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 64-year-old female who has submitted a claim for left shoulder joint pain associated with an industrial injury date of 02/04/2009. Medical records from 03/10/2009 to 05/07/2014 were reviewed and showed that patient complained of left shoulder pain graded 1-7/10 with no associated radiation. Physical examination revealed no swelling, deformity, joint asymmetry or atrophy. There was tenderness upon palpation over the AC, glenohumeral joint, and biceps groove. Left shoulder ROM was decreased. Empty can test was positive. Neer, Hawkins, and shoulder crossover tests were negative. An MRI of the left shoulder dated 06/13/2011 revealed trace amount fluid in the subacromial bursa. Treatment to date has included multiple corticosteroid injections to the left shoulder and pain medications and creams. Utilization review dated 03/21/2014 did not grant the request for 1 left shoulder steroid injection because the patient has exceeded the guideline recommendation for number of injections. Utilization review dated 03/21/2014 did not grant the request for Voltaren 1% gel #3 because the ongoing use of Voltaren gel was not warranted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left Shoulder Steroid Injection: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

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 address the topic on corticosteroid injections. Per the Strength of Evidence, hierarchy established by the California Department of Industrial Relations, Divisions of Workers Compensation, and Official Disability Guidelines was used instead. The ODG recommend up to three injections. Steroid injections compared to physical therapy seem to have better initial but worse long-term outcomes. In this case, five corticosteroid injections to the left shoulder were done (04/08/2009, 08/24/2011, 02/22/2012, 01/16/2013, and 11/20/2013). This was in excess of guidelines recommendation. There was no discussion as to why variance from the guidelines is needed. Therefore, the request for left shoulder steroid injection is not medically necessary.

Voltaren 1% Gel #3: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-112.

Decision rationale: According to California MTUS Chronic Pain Treatment Guidelines, topical NSAIDs are recommended for osteoarthritis and tendinitis, in particular, that of the knee and elbow or other joints that are amenable to topical treatment. There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder. In this case, the patient was prescribed Voltaren 1% gel BID-TID since 06/06/2012 for topical application over the shoulder. However, the use of Voltaren is not in conjunction with guidelines recommendation as there is little evidence for shoulder use. Therefore, the request for Voltaren 1% gel #3 is not medically necessary.