

<b>Case Number:</b>	CM14-0046782		
<b>Date Assigned:</b>	07/02/2014	<b>Date of Injury:</b>	12/24/1992
<b>Decision Date:</b>	08/01/2014	<b>UR Denial Date:</b>	03/27/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/15/2014

### 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 Physical Medicine and Rehabilitation and is licensed to practice in Illinois. 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 injured worker is a 59-year-old male who reported an injury 12/24/1992. The mechanism of injury was not provided within the medical records. The clinical note dated 02/14/2014 indicated diagnoses of status post left shoulder subacromial decompression and debridement. The injured worker reported his shoulder was improving with physical therapy (PT). On physical examination of the left shoulder, the injured worker's range of motion was 160 degrees/150 degrees. There was positive acromioclavicular joint pain with range of motion and the injured worker's motor strength was 4+. The injured worker's prior treatments included diagnostic imaging, surgery, PT, and medication management. The injured worker's medication regimen included the Medrol Dosepak. The provider submitted the request for Medrol Dosepak. A request for authorization was not submitted for review to include the date the treatment was requested.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Medrol Dose Pack x1 unit, take as directed:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Evidence citations for Medrol: Drugs.com.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder, Corticosteroids, oral.

**Decision rationale:** The request for a Medrol dose pack (take as directed) is not medically necessary. The (ODG state the Medrol dose is recommended as an option for adhesive capsulitis of the shoulder. Results may be short-term, and oral is somewhat less effective but less invasive compared to injections. The use of cortisone in the treatment of idiopathic shoulder adhesive capsulitis leads to fast pain relief and improves range of motion. Intra-articular injections of glucocorticoids showed superior results in objective shoulder scores, range of motion, and patient satisfaction compared with a short course of oral corticosteroids, but in the patients treated with oral glucocorticoids, significant improvements were also found. There was a lack of documentation of efficacy and functional improvement with the use of this medication. In addition, there was a lack of quantified pain relief. Additionally, the Medrol dose pack is recommended for adhesive capsulitis of the shoulder. The documentation submitted did not indicate the injured worker had findings that would support he was at risk for adhesive capsulitis of the shoulder. Furthermore, the provider did not indicate a rationale for the request. Moreover, the provider did not indicate a dosage, frequency, or quantity for the medication. Therefore, the request for a Medrol dose pack (take as directed) is not medically necessary.