

Case Number:	CM14-0053794		
Date Assigned:	07/07/2014	Date of Injury:	06/26/2006
Decision Date:	09/26/2014	UR Denial Date:	03/26/2014
Priority:	Standard	Application Received:	04/22/2014

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 applicant is a represented [REDACTED] employee who has filed a claim for chronic shoulder pain reportedly associated with an industrial injury of June 26, 2006. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; transfer of care to and from various providers in various specialties; and opioid therapy. In a Utilization Review Report dated March 26, 2014, the claims administrator denied a request for shoulder corticosteroid injection therapy. The claims administrator seemingly suggested that the attending provider had failed to establish evidence of conservative treatment failure, although the applicant was several years removed from the date of injury. The applicant's attorney subsequently appealed. On September 4, 2013, the applicant reported persistent complaints of shoulder and elbow pain. The applicant was given refills of tramadol, Vicodin, Voltaren gel, Prozac, Prilosec, and Senna. The attending provider suggested that the applicant could work with restrictions. In a January 7, 2014 progress note, however, the attending provider acknowledged that the applicant was off of work. The applicant was having issues with depression and anxiety. A variety of medications were refilled. The attending provider sought authorization for a functional restoration program. In a March 17, 2014 progress note, the applicant reported persistent complaints of neck pain, shoulder pain, elbow pain, and neck pain. A well-healed surgical scar was noted about the right shoulder with 5-/5 upper extremity strength and positive signs of internal impingement appreciated. A shoulder corticosteroid injection was sought, along with MRI imaging of the shoulder. The attending provider posited that the applicant was now back at modified duty work, with restrictions in place.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cortisone Injection of Right Shoulder: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): Table 9-6, page 213.

Decision rationale: As noted in the MTUS-adopted ACOEM Guidelines in Chapter 9, Table 9-6, page 213, two or three subacromial injections of local anesthetic and cortisone are recommended over an extended period as part of an exercise rehabilitation program to treat impingement syndrome, the diagnosis reportedly present here. In this case, the attending provider has established that the applicant was having a flare of shoulder pain/shoulder impingement syndrome on or around the date in question. A corticosteroid injection was indicated to try and ameliorate the same, particularly in light of the fact that the applicant was apparently working modified duty and performing home exercises during large portions of the claim. Therefore, the request was/is medically necessary.