

Case Number:	CM14-0055023		
Date Assigned:	07/07/2014	Date of Injury:	09/19/2012
Decision Date:	09/03/2014	UR Denial Date:	04/07/2014
Priority:	Standard	Application Received:	04/24/2014

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:

This is a 57 year-old female with a 9/19/12 date of injury to her shoulder while working at a candy factory. On 7/2/13 she underwent surgery to the shoulder and had her rotator cuff "cleaned out". The patient was seen on 3/14/14 with complaints of neck and shoulder pain, 9/10 without medications. Exam findings revealed tenderness to palpation as well as a positive Hawkins and Yergason's Test. With regards to the shoulders, she was able to forward flexion to 180 degrees, abduct to 160 degrees, and internally rotate to 60 degrees. Cross arm and drop arm tests were negative. A physical therapy note dated 10/3/13 (handwritten and partially illegible). Her diagnosis is rotator cuff strain. Treatment to date: physical therapy, medications, TENS unit. An adverse determination was received on the 4/17/14 UR. There was no information provided if the patient had pain on overhead movement. In addition, there was a physical therapy note dated 10/3/13 (handwritten and partially illegible).

IMR ISSUES, DECISIONS AND RATIONALES

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

Therapeutic Steroid Injection Right Shoulder: Upheld

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 Chapter-Injections).

Decision rationale: CA MTUS does not address this issue. The Official Disability Guidelines state that "for rotator cuff disease, corticosteroid injections may be superior to physical therapy interventions for short-term results, and a maximum of three are recommended. If pain with elevation is significantly limiting activities, a subacromial injection of local anesthetic and a corticosteroid preparation may be indicated after conservative therapy (i.e., strengthening exercises and NSAIDs) for two to three weeks," but the evidence is not yet overwhelming, and the total number of injections should be limited to no more than three. This patient can forward flex to 180 degrees, and abduct to 160 degrees. There is a lack of documentation regarding whether elevation is significantly limiting activities. There was one physical therapy note available for review and the note was illegible. It is unclear how many sessions of PT the patient has had to date. Therefore, the request for a therapeutic steroid injection right shoulder was not medically necessary.