

Case Number:	CM14-0066512		
Date Assigned:	07/11/2014	Date of Injury:	08/19/2010
Decision Date:	09/22/2014	UR Denial Date:	04/15/2014
Priority:	Standard	Application Received:	05/09/2014

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 neck and shoulder pain reportedly associated with an industrial injury of August 19, 2010. Thus far, the applicant has been treated with the following: Analgesic medications; topical agents; attorney representations; transfer of care to and from various providers in various specialties; and opioid therapy. In a Utilization Review Report dated April 15, 2014, the claims administrator approved a bilateral acromioclavicular joint injection, denied a subacromial bursa steroid injection, approved fluoroscopic guidance and light conscious sedation, denied a topical compound, and approved Ultram. The applicant's attorney subsequently appealed. On May 1, 2014, the applicant apparently underwent a right AC joint arthrogram, demonstrating moderate arthritic changes about the same. A left AC joint arthrogram was notable for severe arthritic changes, without evidence of severe impingement. A bilateral AC corticosteroid injection was performed. It appears that the procedure in question was sought via an April 29, 2014 progress note, handwritten, difficult to follow, not entirely legible, in which the applicant apparently presented with bilateral shoulder and neck pain. 5/5 bilateral upper extremity strength was noted. The applicant exhibited facetogenic tenderness. A right shoulder acromioclavicular joint injection was sought. The applicant was asked to pursue radiofrequency ablation procedure involving the lumbar spine. The applicant's medication list included Pepcid, oral contraceptives, Celexa, Desyrel, Motrin, and topical steroids. In a May 21, 2014 progress note, the applicant was described as having severe arthritic changes noted on arthrography. The applicant stated that earlier acromioclavicular joint injections were successful, generating 80% pain relief. The note was somewhat difficult to follow. The attending provider stated that referring the applicant to orthopedics might be an option. The applicant exhibited tenderness about the right shoulder with a positive impingement maneuver. The attending provider

suggested that the applicant pursue physical therapy and lumbar radiofrequency ablation procedure. The applicant's work status was not clearly furnished. In a medical-legal evaluation dated March 27, 2014, it was stated that the applicant was working regular duty, had responded favorably to earlier treatment, and was using Percocet for pain relief only occasionally, at most a few days a week. The medical-legal evaluator suggested that the applicant be furnished with some ergonomic changes. The applicant did have persistent complaints of shoulder pain apparently consistent with a diagnosis of internal impingement of the shoulder.

IMR ISSUES, DECISIONS AND RATIONALES

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

Subacromial bursa steroid injection to the right shoulder: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 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 over an extended period as part of a rehabilitation program to treat impingement syndrome, the diagnosis present here, is deemed "recommended." In this case, the applicant has responded favorably to earlier shoulder corticosteroid injection therapy as evinced by her successful return to regular duty work. The applicant still has residual signs of internal impingement about the shoulder and is apparently content to treat the same nonoperatively. A subacromial bursa steroid injection is therefore indicated. Accordingly, the request is medically necessary.

KW 30 compound cream for elbow: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics.

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

Decision rationale: As noted on page 111 of the MTUS Chronic Pain Medical Treatment Guidelines, topical analgesics, including the compound at issue, are deemed "largely experimental." In this case, furthermore, the applicant's ongoing usage of numerous first-line oral pharmaceuticals, including Ultram, Motrin, Trazodone, etc., effectively obviates the need for the largely experimental topical compound in question, the ingredients of and/or composition of which have not been clearly stated. Therefore, the request is not medically necessary.