

Case Number:	CM14-0069473		
Date Assigned:	07/14/2014	Date of Injury:	04/02/2008
Decision Date:	10/08/2014	UR Denial Date:	04/29/2014
Priority:	Standard	Application Received:	05/14/2014

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, has a subspecialty in Pain Management 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 patient with a date of injury of 4/2/08. A utilization review determination dated 4/29/14 recommends non-certification of cortisone injection left shoulder. 4/17/14 medical report identifies that a magnetic resonance imaging (MRI) revealed bilateral acromioclavicular joint arthropathy with impingement. On exam, there is 140 degrees of abduction actively and 170 passively. Flexion is 150 active and 170 passive. IR and ER 75 degrees bilaterally active and passive. Recommendation was a cortisone injection into the left shoulder.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cortisone Injection Left Shoulder: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 204. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder Chapter, Steroid injections

Decision rationale: Regarding the request for cortisone injection, California Medical Treatment Utilization Schedule (MTUS), American College of Occupational and Environmental Medicine (ACOEM), and Official Disability Guidelines (ODG) support the use of injection if pain with

elevation significantly limits activity following failure of conservative treatment for 2 or 3 weeks. Within the documentation available for review, the current medical reports do not identify any significant left shoulder complaints or functional limitations accompanying the mild range of motion (ROM) deficits. In the absence of such documentation, the currently requested cortisone injection is not medically necessary.