

<b>Case Number:</b>	CM14-0073813		
<b>Date Assigned:</b>	07/16/2014	<b>Date of Injury:</b>	04/06/2011
<b>Decision Date:</b>	09/19/2014	<b>UR Denial Date:</b>	05/01/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/21/2014

### 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 Internal 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 patient is a 61 year old male who was injured on 04/06/2011 when he fell while putting plastic cover over fertilizer. Prior treatment history has included 16 sessions of physical therapy. Diagnostic studies reviewed include MR of the right shoulder dated 12/30/2013 revealed post-operative moderate to high grade partial thickness tearing articular sided delaminated at INF/SST 2 cm from footprint. There was no full thickness tear. Progress report dated 04/23/2014 documented the patient to have presented for follow-up of his right shoulder and right elbow. He reported ongoing pain and limitation with his right shoulder. He still has some weakness and painful arc. The right elbow has tenderness to palpation at the forearm and numbness distally to the fingers. Objective findings on exam revealed tenderness to palpation and some limited at the lateral epicondyle and pain with resisted motion. His Ulnar Tinels are with associated burning laterally. The assessment is rotator cuff tear; impingement syndrome of bilateral shoulder and lateral epicondylitis. The patient was recommended a steroid Medrol Dosepak. Prior utilization review dated 05/01/2014 states the request for Steroid Medrol Dosepak 1 month supply is denied based on the clinical evidence submitted, the request does not indicate medical necessity.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Steroid Medrol Dosepak 1 month supply: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints, Chronic Pain Treatment Guidelines Medications. Decision based on Non-MTUS Citation Official Disability Guidelines; Pain Chapter, Oral Corticosteroids.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 67-73.

**Decision rationale:** The guidelines do not recommend steroids for treatment of chronic pain. Steroids have a significant number of side effects and should only be used for specific conditions. The clinical documents did not discuss the indication for steroids. It is not clear why the steroids are being prescribed and which guidelines support steroid use for this condition. Based on the guidelines and criteria as well as the clinical documentation stated above, the request is not medically necessary.