

Case Number:	CM14-0082827		
Date Assigned:	07/21/2014	Date of Injury:	02/13/1976
Decision Date:	09/09/2014	UR Denial Date:	06/02/2014
Priority:	Standard	Application Received:	06/04/2014

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 Emergency Medicine and is licensed to practice in New York. 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 69-year-old male who was injured on February 13, 1976. The patient continued to experience headaches and neck pain. Physical examination was notable for decreased range of motion of the cervical spine, trigger points of the trapezius and levator scapulae, decreased range of motion of the left shoulder, decreased motor strength of all upper extremity muscle groups except bilateral elbow flexors, right shoulder flexors, and right shoulder extensors, and decreased sensation in the left C6 dermatomal distribution. Diagnoses included cervical sprain/strain, left posterior occipital headaches, left upper extremity paresthesia, and chronic intractable pain. Treatment included Botox injections, medications, TENS unit, cervical facet joint injection, and chiropractic therapy. Request for authorization for steroid injections into left shoulder every 3 months for 4 injections was submitted for consideration.

IMR ISSUES, DECISIONS AND RATIONALES

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

Steroid injections to the left shoulder, one (1) injection every three (3) months, QTY: 4 injections: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM) Practice Guidelines, <https://acoempracguides.org/> Shoulder; Table 2, Summary of recommendations, Shoulder Disorders.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 213. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder, Steroid Injections>.

Decision rationale: Two or three subacromial injections of local anesthetic and cortisone preparation over an extended period as part of an exercise rehabilitation program to treat rotator cuff inflammation, impingement syndrome, or small tears. Per ODG criteria for steroid injections of the shoulder are as follows: Diagnosis of adhesive capsulitis, impingement syndrome, or rotator cuff problems, except for post-traumatic impingement of the shoulder; Not controlled adequately by recommended conservative treatments (physical therapy and exercise, NSAIDs or acetaminophen), after at least 3 months; Pain interferes with functional activities (eg, pain with elevation is significantly limiting work); Intended for short-term control of symptoms to resume conservative medical management; Generally performed without fluoroscopic or ultrasound guidance; Only one injection should be scheduled to start, rather than a series of three; A second injection is not recommended if the first has resulted in complete resolution of symptoms, or if there has been no response; With several weeks of temporary, partial resolution of symptoms, and then worsening pain and function, a repeat steroid injection may be an option; The number of injections should be limited to three. In this case the request is for 4 injections which surpass the recommended maximum of 3 injections. In addition only one injection should be schedule to start to determine the efficacy of the injection. The request for the steroid injections was withdrawn as the patient underwent left shoulder in July 2014. The request Steroid injections to the left shoulder, one (1) injection every three (3) months, quantity: 4 injections are not medically necessary.