

Case Number:	CM14-0084838		
Date Assigned:	07/30/2014	Date of Injury:	03/07/2005
Decision Date:	09/19/2014	UR Denial Date:	05/19/2014
Priority:	Standard	Application Received:	06/06/2014

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 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 injured worker is a 52 year old female who was evaluated on 4/28/14 for right shoulder pain related to a shoulder injury sustained on 3/7/05. The injured worker underwent right suprascapular nerve block on 2/21/14 which offered only 5% improvement. She is unable to perform physical therapy due to pain with movement. Physical examination showed decreased range of motion and tenderness to palpation of the right shoulder joint. The injured worker has undergone right shoulder arthroscopy in the past as well as acromioplasty and right acromioclavicular joint resection. Treating physician note indicates that there is a rotator cuff tear. Recommendation included right shoulder intra-articular steroid injection and weight loss program.

IMR ISSUES, DECISIONS AND RATIONALES

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

Intra-Articular Right Shoulder Steroid Injection: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines - online version - Shoulder.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 201-205.

Decision rationale: The injured worker has right shoulder pain with decreased range of motion and is unable to participate in physical therapy due to pain. She has failed more conservative measures (i.e. medication, transcutaneous electrical nerve stimulation, acupuncture) and has a documented rotator cuff tear. Therefore, the right shoulder intra-articular steroid injection is medically necessary. The denial states that the injured worker has received previous injections but this is not apparent in the documentation provided for review. The documentation states that an injection would be considered if more conservative treatment failed.

Weight Loss Program: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Department of Health and Human Services/ Centers for Medicare and Medicaid Services Coverage Guidelines NCD for Treatment of Obesity.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Work conditioning, work hardening Page(s): 125-126.

Decision rationale: This is no clinical rationale provided for a weight loss program and the injured worker was being evaluated for right shoulder pain. Therefore, a weight loss program is not medically necessary.