

Case Number:	CM14-0094077		
Date Assigned:	07/25/2014	Date of Injury:	04/14/2010
Decision Date:	09/30/2014	UR Denial Date:	06/05/2014
Priority:	Standard	Application Received:	06/20/2014

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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Texas. 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 55 year old female who reported an injury to her right shoulder. Utilization review dated 06/03/14 resulted in denials for intrarticular injection as well as a myofascial release as insufficient information had been submitted regarding the injured worker's functional deficits likely to benefit from an intraarticular injection and a myofascial release. The clinical note dated 12/03/13 indicates the injured worker rating the right shoulder pain as 4/10. The note indicates the injured worker utilizing medications to include Cymbalta, Lyrica, and Norco for pain relief. There is also an indication the injured worker was continuing with a home exercise program. The clinical note dated 09/10/13 indicates the injured worker showing no range of motion deficits at the shoulders.

IMR ISSUES, DECISIONS AND RATIONALES

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

Myofascial release x1: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Massage therapy Page(s): 60.

Decision rationale: The documentation indicates the injured worker complaining of right shoulder pain. A myofascial release is indicated for injured workers who have demonstrated myofascial tenderness. No information was submitted regarding the injured worker's clinical findings confirming a myofascial tenderness. Therefore, this request is not indicated as medically necessary.

Right shoulder intra-articular injection x1: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 213.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder Chapter, Steroid injections.

Decision rationale: Intra-articular injections are indicated for injured workers who have demonstrated significant functional deficits that were likely resulted in a surgical intervention. No information was submitted regarding any functional deficits to include range of motion or strain that would indicate a likely benefit of a surgical intervention at the right shoulder. Therefore, this request is not indicated as medically necessary.