

Case Number:	CM14-0188969		
Date Assigned:	12/15/2014	Date of Injury:	09/17/2007
Decision Date:	01/15/2015	UR Denial Date:	10/13/2014
Priority:	Standard	Application Received:	11/12/2014

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 Interventional spine 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 58 year old male with an injury date of 09/17/07. Based on the 05/29/14 progress report, the patient complains of intermittent moderate neck pain and low back pain with stiffness. Examination of the cervical spine exhibits tenderness to palpation about the paracervical and trapezial musculature. There is a positive Cervical Distraction Test, muscle spasms, and a restricted range of motion. Examination of the bilateral shoulders shows tenderness to palpation about the anterolateral shoulder and supraspinatus. There is mild tenderness extending to the pectoralis, decrease in range of motion, and rotator cuff weakness. The lumbosacral spine reveals tenderness about the paralumbar musculature with tenderness at the midline thoraco-lumbar junction over the level of L5-S1 facets and right greater sciatic notch. There are also muscle spasms. Upon examination of the left knee, there is lateral subluxation of the patella with crepitus. There is also guarding of the left knee and the patient walks with an antalgic gait. The patient has weak quadriceps. The 08/07/14 report indicates that the patient also has occasional pain in both shoulders. Neck pain increases especially when turning to the right. The 10/02/14 report states that the patient's right shoulder pain is increasing. The patient's diagnoses include the following: Cervical spine sprain/strain with radicular complaints. MRI evidence of 3 mm posterior disk bulge at C4-C6 (date of MRI not provided) Bilateral shoulder rotator cuff tendinitis/bursitis Lumbar spine sprain/strain with radicular complaints. MRI evidence of 8-9 mm disk protrusion at L4-L5 and 4 mm disk bulge at L5-S1 Left knee sprain/strain. The utilization review determination being challenged is dated 10/13/14. Treatment reports were provided from 01/09/14- 10/02/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cortisone injection to right shoulder: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 235 and 236.

Decision rationale: The 10/02/14 report indicates that the patient has pain in his neck, low back, left knee, and right shoulder. The request is for a cortisone injection to the right shoulder. Review of the reports provided does not indicate if the patient has had any prior injections to the shoulder. ACOEM guidelines page 235 and 236 states "corticosteroid injections have been shown to be effective, at least in the short term; however, the evidence on long-term effects is mixed, some studies show high recurrence rate among injection groups." For shoulder, ACOEM page 213 allows for 2-3 injections as part of a rehabilitation program. ODG guidelines recommend up to 3 injections. Examination of the bilateral shoulders shows tenderness to palpation about the anterolateral shoulder and supraspinatus. There is mild tenderness extending to the pectoralis, decrease in range of motion, and rotator cuff weakness. Given the patient's continued pain and positive objective findings, a trial of right shoulder cortisone injection is within guidelines. The request is medically necessary.