

Case Number:	CM14-0199553		
Date Assigned:	12/10/2014	Date of Injury:	11/22/2013
Decision Date:	01/21/2015	UR Denial Date:	11/21/2014
Priority:	Standard	Application Received:	12/01/2014

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 Orthopedic Surgery, 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 61-year-old female with a date of injury of November 22, 2013. She has chronic left shoulder pain. She's had left shoulder arthroscopy. She is diagnosed with tendinitis and left shoulder arthrofibrosis. She continues to complain of daily shoulder pain. On physical examination she has reduced range of motion of the left shoulder. She has a painful range of motion. Her surgical wounds are well healed. Patient is diagnosed with being status post arthroscopic surgery for subacromial decompression and lysis of adhesions. The date of the patient's surgery was October 20, 2014. The patient has had 4 sessions of physical therapy postoperatively. At issue is whether shoulder injection is medically necessary. At issue is whether topical cream is medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Ultrasound guided corticoid injection, left shoulder on 10/31/14: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints.

Decision rationale: This patient does not meet establish criteria for shoulder injection. The patient has had recent shoulder surgery. The patient is only completed 4 sessions of physical

therapy postoperatively. There is no documentation of failure of conservative measures. Since there is no documentation of failure of conservative measures, left shoulder injection is not supported at this time.

Enoyarx-Ibuprofen cream 10%, 30 day supply dispensed on 10/31/14: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: MTUS chronic pain treatment guidelines.

Decision rationale: Guidelines do not recommend compounded topical creams for patients with chronic pain. This medication is a compounded topical cream and not recommended by guidelines or use for chronic shoulder pain. There is little evidence to utilize topical NSAID medications for the treatment of osteoarthritis of the shoulder. Therefore, this request is not medically necessary.