

Case Number:	CM15-0000380		
Date Assigned:	01/09/2015	Date of Injury:	04/16/2013
Decision Date:	03/05/2015	UR Denial Date:	12/09/2014
Priority:	Standard	Application Received:	01/02/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
State(s) of Licensure: Arizona, California
Certification(s)/Specialty: Family Practice

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 47 year old female, who sustained an industrial injury on 4/16/2013. She has reported neck pain that radiated to shoulders. The diagnoses have included cervical and shoulder sprain/strain. Treatment to date has included physical therapy, acupuncture, trigger point injections to trapezius area, muscle relaxer, lidoderm patch, and rest. Currently, the IW complains of constant shoulder pain. The diagnoses included cervical, thoracic and bilateral shoulder sprain/strain, shoulder impingement syndrome, and rotator cuff syndrome. There was request for use of a home Transcutaneous Electrical Nerve Stimulation (TENS) unit that had been non-certified. Physical therapy notes from November 2014, documented pain rating 6-7/10 VAS described as stiff and tight. On 12/9/2014 the Utilization Review non-certified a cortisone injection, noting the lack of documentation to prior Non-Steroidal Anti-Inflammatory Drugs (NSAIDs) use. The ACOEM Guidelines and ODG guidelines were cited. On 1/2/2015, the injured worker submitted an application for IMR for review of right shoulder cortisone injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right shoulder cortisone injection: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines- Shoulder

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints
Page(s): 212. Decision based on Non-MTUS Citation Shoulder pain/Steroid injections

Decision rationale: According to the guidelines, 2-3 injections for rotator cuff or impingement syndrome is recommended as part of an exercised rehab program. Prolonged or frequent joint injections into the sub-acromial space is not recommended. According to the ODG guidelines: Criteria for Steroid injections: - Diagnosis of adhesive capsulitis, impingement syndrome, or rotator cuff problems, except for posttraumatic 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, there is no evidence of failing the above conservative measures. As a result, the request for another shoulder injection is not medically necessary.