

Case Number:	CM15-0003465		
Date Assigned:	01/14/2015	Date of Injury:	05/25/2012
Decision Date:	03/17/2015	UR Denial Date:	12/31/2014
Priority:	Standard	Application Received:	01/07/2015

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: Pennsylvania

Certification(s)/Specialty: Internal Medicine, Hospice & Palliative Medicine

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 54 year old male, who sustained an industrial injury on May 25, 2012. He has reported right shoulder pain. The diagnoses have included stat post lifting injury right shoulder, status post right shoulder arthroscopy, status post permanent and stationary, possible radiographic inferior glenohumeral arthritis, left shoulder pain, probably compensatory, and Magnetic resonance imaging evidence of moderate rotator cuff tendinosis and bursitis with moderate AC joint arthritis. Treatment to date has included Magnetic resonance imaging of the right shoulder showed moderate tendinosis, right shoulder arthroscopy with SAD, debridement and tenotomy of the biceps tendon and oral anti-inflammatories and Non-steroidal anti-inflammatory drug. Currently, the injured worker complains of pain radiating into the neck, shoulder, fingers, buttocks and hip. Symptoms include clicking, stiffness and popping and are constant, they are worse during activity, after activity, in the morning, during the day, night, and are aggravated by pushing reaching overhead, repetitive use, squatting, lifting and pulling and improve with heat. On December 31, 2014 Utilization Review non-certified a right shoulder cortisone injection quantity one, American College of Occupational and Environmental Medicine noting, was cited. On December 23, 2014, the injured worker submitted an application for IMR for review of right shoulder cortisone injection quantity one.

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 Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 195-225.

Decision rationale: The MTUS Guidelines support the use of steroid injection into the shoulder joint as an optional treatment for shoulder impingement syndrome. In this setting, the corticosteroid medication is injected into the subacromial bursa. The submitted and reviewed documentation concluded the worker was suffering from acromioclavicular joint arthritis, among other issues. There was no discussion describing special circumstances that sufficiently supported this request. In the absence of such evidence, the current request for cortisone injected into the right shoulder is not medically necessary.