MAXIMUS Federal Services

Case Number:	CM15-0101125		
Date Assigned:	06/03/2015	Date of Injury:	06/04/2014
Decision Date:	07/08/2015	UR Denial Date:	05/08/2015
Priority:	Standard	Application Received:	05/26/2015

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: California, Hawaii
Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 46 year old male patient who sustained an industrial injury on 06/04/2014. A secondary treating office visit dated 02/18/2015 reported the patient agreeing to receive a Cortisone injection. Objective findings showed the right shoulder tender to palpation over the later deltoid, biceps tendon, acromioclavicular joint, and lateral acromion on the right. The following impingement, Neer's, Hawkins, and empty can supraspinatus tests all with positive results on the right. The right elbow showed Mills lateral epicondylitis and Cozen's test with resisted wrist extension and are found positive on the right. There is tenderness to palpation over the distal radius, distal ulna/styloid and distal radioulnar joint on the right. The following diagnoses are applied: right shoulder impingement syndrome with tendinitis/bursitis; right shoulder biceps tenosynovitis; right elbow lateral epicondylitis, and right wrist tendinitis. The plan of care involved the administration of a cortisone injection to the right shoulder with possibility of pending arthroscopic repair. A primary treating office visit dated 01/12/2015 reported subjective complaint of with continued right shoulder and right elbow pain that increases with repetitive activities. The plan of care noted the patient to undergo repeat Cortisone injections to the subcromial space and possibly the lateral epicondylar region. He is to remain on modified work duty.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right Shoulder, Impingement test injection: Overturned

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Online Shoulder Chapter Steroid injections.

Decision rationale: The patient presents with pain affecting the right shoulder. The current request is for Right Shoulder, Impingement test injection. The treating physician states in the report dated 10/29/14, "Therefore, I also recommended cortisone injection, however, he deferred for the time being". (36B), in the report dated 2/18/15 the treating physician go onto state "He has now finally decided to proceed with the cortisone injection". (21B) The ODG guidelines state that cortisone injection are recommended and up to 3 injections may be performed per year for patients have "Diagnosis of adhesive capsulitis, impingement syndrome, or rotator cuff problems, except for post-traumatic impingement of the shoulder, Not controlled adequately by recommended conservative treatments, and Pain interferes with functional activities". In this case, the treating physician has documented that the patient has had positive impingement tests; pain has interfered with the patient's ADLs, and despite conservative treatments, the patient still experiences around the same level of pain. The current request is medically necessary.