

<b>Case Number:</b>	CM15-0105881		
<b>Date Assigned:</b>	06/10/2015	<b>Date of Injury:</b>	04/25/2013
<b>Decision Date:</b>	07/13/2015	<b>UR Denial Date:</b>	05/21/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/02/2015

### 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 58 year old male, who sustained an industrial injury on April 25, 2013. Treatment to date has included left shoulder arthroscopic subacromial decompression, Mumford procedure, glenohumeral joint debridement and synovectomy; medications and physical therapy. Currently, the injured worker complains of constant pain and he rates the pain a 4 on a 10-point scale and reports that the pain is worse with activity. He complains of intermittent sharp moderate pain which he rates a 6 on a 10-point scale. He is participating in physical therapy and reports good progress. On physical examination the injured worker had limited range of motion. The diagnoses associated with the request include post-surgical left shoulder arthroscopy. The treatment plan includes continued physical therapy, home physical therapy, Ultram, Metrol dose pack and work restrictions.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Medrol dose pack 4mg, #1 pack:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter: Medrol dose pack.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG- shoulder and pg 11.

**Decision rationale:** According to the guidelines, corticosteroids are options for adhesive capsulitis. In this case, the claimant had recent arthroscopic surgery but there was no mention of adhesive capsulitis. The claimant had a rotator cuff tear. The request for a Medrol dose Pak is not medically necessary.