

Case Number:	CM15-0132839		
Date Assigned:	07/20/2015	Date of Injury:	05/02/2011
Decision Date:	08/17/2015	UR Denial Date:	06/30/2015
Priority:	Standard	Application Received:	07/09/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 48 year old male, who sustained an industrial injury on May 02, 2011. Medical records provided by the treating physician did not indicate the injured worker's mechanism of injury. The injured worker was diagnosed as having right shoulder strain and sprain, rule out right shoulder impingement derangement, status post right shoulder surgery with residual, right shoulder tendinosis, and right shoulder acromioclavicular osteoarthritis. Treatment and diagnostic studies to date has included physical therapy, above noted procedure, and chiropractic therapy. In a progress note dated May 28, 2015 the treating physician reports complaints of pain to the right shoulder. Examination revealed tenderness on palpation to the right shoulder that has decreased from last visit, decreased range of motion to the right shoulder, and positive impingement and supraspinatus tests. The injured worker's pain level was rated a 5 out of 10 on the visual analog scale which was noted to be an increase from the last visit. The treating physician requested right shoulder injection consisting of 5cc of Lidocaine and 1cc Depo Medrol 40mg, but the documentation provided did not indicate the specific reason for the requested treatment. The treating physician also requested a final physical performance functional capacity evaluation to assess if the injured worker can meet the demands of his occupation safely.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right Shoulder Injection consisting of 5cc Lidocaine and 1cc Depo Medrol 40mg:
Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Shoulder, Steroid Injections.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder (Acute & Chronic), Steroid injections.

Decision rationale: The claimant sustained a work-related injury in May 2011 and continues to be treated for right shoulder pain. He underwent surgery in October 2011. When seen, there was shoulder tenderness with decreased range of motion and positive impingement testing. A right shoulder injection and functional capacity evaluation were requested. He was nearing maximum medical improvement and the functional capacity evaluation was needed to determine whether he would be able to meet his job requirements. A steroid injection is recommended as an option which shoulder pain is not controlled adequately by recommended conservative treatments including physical therapy, exercise, and medications after at least 3 months. In this case, the claimant has had conservative treatments and continues to have symptoms. Physical examination findings support the injection being requested. The requested injection is medically necessary.

Outpatient: Final Physical Performance FCE: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional Capacity Evaluation (FCE) Page(s): 48.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 7, p64.

Decision rationale: The claimant sustained a work-related injury in May 2011 and continues to be treated for right shoulder pain. He underwent surgery in October 2011. When seen, there was shoulder tenderness with decreased range of motion and positive impingement testing. A right shoulder injection and functional capacity evaluation were requested. He was nearing maximum medical improvement and the functional capacity evaluation was needed to determine whether he would be able to meet his job requirements. A Functional Capacity Evaluation is an option for select patients with chronic pain if the information might be helpful in objectifying worker capability with regard to either specific job or general job requirements. In this case, no new active treatment is being planned and the claimant is nearing maximum medical improvement. Obtaining a Functional Capacity Evaluation to determine the claimant's current work capacity is medically necessary.

