

Case Number:	CM15-0134570		
Date Assigned:	07/22/2015	Date of Injury:	06/12/2012
Decision Date:	08/18/2015	UR Denial Date:	06/24/2015
Priority:	Standard	Application Received:	07/13/2015

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: North Carolina

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 61 year-old female who sustained an industrial injury on 06/12/12. She reported head, right shoulder, and back pain status post fall. Initial diagnoses are not available. Current diagnoses include lumbar sprain/strain, lumbar paraspinal muscle spasms, lumbar disc herniation, limited range of motion of the right shoulder, right shoulder internal derangement, and chronic pain. Diagnostic testing and treatment to date has included x-rays, MRI, occupational/physical therapy, home exercise program, chiropractic care, orthopedic and neurology consultation, psychiatric consultation, acupuncture, and oral/topical pain medication management. Currently, the injured worker complains of worsening lumbar and radiating right shoulder pain; her daily activities and sleep are disrupted due to pain. The treating physician reports her right shoulder is remarkable for decreased range of motion with severe pain on passive/active movement. Her pain and symptoms of tingling, numbness, and weakness are consistent with her MRI results. Physical therapy and acupuncture treatments resulted in limited improvement, and she is having to take more pain medication due to the severity of the pain. Requested treatments include intraarticular joint injection, right shoulder. The injured worker is under modified duties. Date of Utilization Review: 06/24/15.

IMR ISSUES, DECISIONS AND RATIONALES

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

Intraarticular joint injection, right shoulder: 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), Shoulder (Acute & Chronic), steroid injections.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 204.

Decision rationale: The ACOEM chapter on shoulder pain states: Invasive techniques have limited proven value. If pain with elevation significantly limits activities, a subacromial injection of local anesthetic and a corticosteroid preparation may be indicated after conservative therapy (i.e., strengthening exercises and nonsteroidal anti-inflammatory drugs) for two to three weeks. The evidence supporting such an approach is not overwhelming. The total number of injections should be limited to three per episode, allowing for assessment of benefit between injections. The request is for an intrarticular injection, which is not supported by the ACOEM, and therefore the request is not certified.