

Case Number:	CM15-0135241		
Date Assigned:	07/23/2015	Date of Injury:	11/24/2010
Decision Date:	08/25/2015	UR Denial Date:	06/26/2015
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: California
 Certification(s)/Specialty: Emergency 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 53-year-old female who sustained an industrial injury on 1/24/2010 resulting in right shoulder pain. She has been diagnosed with chronic strain and contusion of the right shoulder; adhesive capsulitis of the right shoulder; and, subacromial impingement syndrome of the right shoulder. Treatment has included physical therapy with report of minimal to moderate relief, massage therapy which she said was helpful with muscle relaxation, TENS unit, home exercise, psychotherapy, and trigger point injections to the right shoulder girdle area with reported relief. The injured worker continues to report right shoulder pain. The treating physician's plan of care includes right shoulder injection. Work status is not addressed in provided documentation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right shoulder injection: Overturned

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints
 Page(s): 213 (Table 9-6).

Decision rationale: The request is for right shoulder injection. The contents of the injection and the exact target are not identified. Per the MTUS guidelines, two or three subacromial injections of local anesthetic and cortisone preparation over an extended period as part of an exercise rehabilitation program to treat rotator cuff inflammation, impingement syndrome, or small tears. The injured worker carries a diagnosis of impingement and rotator cuff tendinosis with fraying on MRI. The MTUS guidelines would support a corticosteroid injection at this time, as an adjunct to a physical medicine program. The request as written is supported by the MTUS guidelines and is medically necessary.