MAXIMUS Federal Services

Case Number:	CM15-0136966		
Date Assigned:	07/24/2015	Date of Injury:	07/11/1997
Decision Date:	08/27/2015	UR Denial Date:	07/02/2015
Priority:	Standard	Application Received:	07/15/2015

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: Texas, New York, California
Certification(s)/Specialty: Preventive Medicine, Occupational 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 applicant is a represented [redacted] beneficiary who has filed a claim for chronic shoulder pain reportedly associated with an industrial injury of July 11, 1997. In a Utilization Review report dated July 2, 2015, the claims administrator failed to approve a request for shoulder corticosteroid injection with an associated pre-procedure consultation. An RFA form received on June 26, 2015 and an associated progress note of June 27, 2015 were referenced in the determination. The claims administrator seemingly contented that its denial was based on the lack of documented failure of conservative treatment despite the fact that the applicant was some 15 plus years removed from the date of the injury as of date of the request. It was not stated whether the request was a first-time request or a request for repeat shoulder corticosteroid injection. The applicant's attorney subsequently appealed. In a progress note dated May 29, 2015 (but signed on June 22, 2015), the applicant reported 7/10 neck and shoulder pain complaints with associated left upper extremity paresthesias. The applicant presented to obtain medication refills. Duragesic, Norco, and permanent work restrictions imposed by medical-legal evaluator were endorsed. A left shoulder steroid injection was sought. The attending provider stated that the previous left shoulder injections in the past had proven beneficial but did not elaborate further. It was not clearly stated whether the applicant was or was not working with permanent limitations imposed by the medical-legal evaluator, although this did not appear to be the case. The applicant's shoulder range of motion was limited to 110 degrees of flexion.

IMR ISSUES, DECISIONS AND RATIONALES

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

One (1) Left shoulder steroid injection with pre-procedure consultation: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 204. Decision based on Non-MTUS Citation Official Disability Guidelines, Shoulder: Steroid injections (2015).

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

Decision rationale: No, the request for a shoulder corticosteroid injection with an associated pre-procedure consultation was not medically necessary, medically appropriate, or indicated here. As noted in the MTUS Guideline in ACOEM Chapter 9, Table 9-6, page 213, the prolonged or frequent usage of cortisone injections into the subacromial space or the shoulder joint is deemed not recommended. The attending provider indicated on May 29, 2015 that the applicant has had multiple such injections in the past. It was not clearly stated why repeated injections were being pursued in the face of the unfavorable ACOEM position on the same. It is further noted that the applicant does not appear to have demonstrated significant functional benefit with earlier unspecified numbers of shoulder corticosteroid injections. The applicant continued to report pain complaints as high as 7/10 as of the May 29, 2015 office visit at issue. The applicant remained dependent on opioid agents such as Norco and Duragesic. Permanent work restrictions were renewed, unchanged, from previous visits. The applicant did not appear to be working with said limitations in place. All of the foregoing, taken together, suggested a lack of functional improvement as defined in MTUS 9792.20e, despite receipt multiple prior shoulder corticosteroid injections over the course of the claim. Therefore, the request was not medically necessary.