MAXIMUS Federal Services

Case Number:	CM15-0141111		
Date Assigned:	08/04/2015	Date of Injury:	04/16/2004
Decision Date:	09/04/2015	UR Denial Date:	07/13/2015
Priority:	Standard	Application Received:	07/20/2015

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: Physical Medicine & Rehabilitation

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 64 year old female, who sustained an industrial injury on 4-16-2004. Diagnoses have included right shoulder impingement-bursitis, left shoulder impingement-bursitis, right knee osteoarthritis, left knee meniscus tear status post meniscectomy and left knee osteoarthritis. Treatment to date has included magnetic resonance imaging (MRI), cervical surgery, physical therapy, left shoulder corticosteroid injection, left knee orthovisc injections, home exercise program and medication. According to the progress report dated 6-2-2015, the injured worker complained of right and left shoulder pain, right and left elbow pain, bilateral hand and wrist pain and bilateral knee pain. She reported being relatively inactive latterly secondary to pain. Exam of the bilateral shoulders revealed tenderness to palpation and pain with range of motion. Exam of the bilateral knees revealed tenderness to palpation and pain with range of motion. Authorization was requested for follow up in six weeks for possible injections.

IMR ISSUES, DECISIONS AND RATIONALES

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

Follow up in 6 weeks for possible injections: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Knee/leg.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pain Outcomes and Endpoints Page(s): 8. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder Chapter, under Steroid Injections.

Decision rationale: The patient presents on 06/02/15 with bilateral shoulder pain rated 8-9/10, unrated bilateral elbow pain, unrated bilateral wrist/hand pain, and bilateral knee pain. The patient's date of injury is 04/16/04. Patient is status post C7-T1 fusion on 07/26/13, status post unspecified neck surgery on 10/09/14. The request is for follow up in 6 weeks for possible injections. The RFA was not provided. Physical examination dated 06/02/15 reveals tenderness to palpation of the bilateral shoulder joints with skin hypersensitivity noted, and positive Neer's test, Hawkin's test, Speed's test, and cross-arm tests in the bilateral shoulders. Knee examination reveals tenderness to palpation of the joints bilaterally. The patient is currently prescribed Lyrica, Aciphex, Zofran, Ambien, and a B-12 supplement. Diagnostic imaging included MRI of the left knee dated 08/07/12, significant findings include: "Post operative changes of the medial meniscus, medial compartment chondromalacia." MRI of the right shoulder dated 08/07/12 was also included, finding: "Rotator cuff tenditis. Subachromial bursitis." MRI of the left shoulder dated 12/18/14 was also included, finding: "Increased signal in the rotator cuff consistent with tendinosis and "partial-tearing" along the posterior articulating surface of the rotator cuff." Patient is currently classified as permanent and stationary. Regarding follow-up visits, MTUS guidelines page 8 has the following: The physician treating in the workers' compensation system must be aware that just because an injured worker has reached a permanent and stationary status or maximal medical improvement does not mean that they are no longer entitled to future medical care. The physician should periodically review the course of treatment of the patient and any new information about the etiology of the pain or the patient's state of health. Continuation or modification of pain management depends on the physician's evaluation of progress toward treatment objectives. If the patient's progress is unsatisfactory, the physician should assess the appropriateness of continued use of the current treatment plan and consider the use of other therapeutic modalities. ODG Guidelines, Shoulder Chapter, under Steroid Injections has the following: "Recommended as indicated below, up to three injections. Steroid injections compared to physical therapy seem to have better initial but worse long-term outcomes. One trial found mean improvements in disability scores at six weeks of 2.56 for physical therapy and 3.03 for injection, and at six months 5.97 for physical therapy and 4.55 for injection. Variations in corticosteroid/anesthetic doses for injecting shoulder conditions among orthopaedic surgeons, rheumatologists, and primary-care sports medicine and physical medicine and rehabilitation physicians suggest a need for additional investigations aimed at establishing uniform injection guidelines. There is limited research to support the routine use of subacromial injections for pathologic processes involving the rotator cuff, but this treatment can be offered to patients. Intra-articular injections are effective in reducing pain and increasing function among patients with adhesive capsulitis." In regard to the follow-up visit for the purpose of steroid injections to the shoulder, the request is appropriate. Progress notes provided do not indicate that this patient has had any steroid injections to date. Per 06/02/15 progress note, the provider states: "follow up in 6 weeks for possible shoulder steroid injections..." ODG supports such injections as an acute therapeutic measure in patients for whom other treatment modalities are ineffective. Given this patient's presentation and the lack of injections to date, an initial cortisone injection is an appropriate measure and could produce significant benefits for this patient. The request IS medically necessary.