

Case Number:	CM15-0143578		
Date Assigned:	08/04/2015	Date of Injury:	08/09/2011
Decision Date:	09/01/2015	UR Denial Date:	07/13/2015
Priority:	Standard	Application Received:	07/24/2015

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 54 year old female, who sustained an industrial injury on 8-19-2011. The injured worker was diagnosed as having right shoulder pain, industrially disputed, with magnetic resonance imaging showing a positive tear. Treatment to date has included diagnostics, left ankle surgery in 2013, physical therapy, and medications. Magnetic resonance imaging of the right shoulder (4-2015) showed a tear of the anterior distal supraspinatus tendon fibers, posterior tendon fibers consistent with tendinosis, tendinosis of the infraspinatus and subscapularis tendons without tear, and moderate fluid in the subacromial-subdeltoid bursa. Report (6-05-2015) noted recommendation for a course of physical therapy and an injection for her right shoulder injury, with surgical consideration if unresolved. Currently, the injured worker complains of ongoing pain in her left knee, low back with radicular symptoms into the right lower extremity, and right shoulder. Pain was rated 3 out of 10 with medication and 8 out of 10 without. Exam of the shoulder noted limited range of motion. The treatment plan included a steroid injection to the right shoulder.

IMR ISSUES, DECISIONS AND RATIONALES

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

Steroid injection right shoulder Qty:1: Upheld

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): Shoulder Complaints, pages 204, 207; Table 9-6, page 213.

Decision rationale: There is no specific failed conservative treatment noted to meet criteria of corticosteroid injection nor has there been clear documented functional improvement by way of ADLs or decrease in medication dosing or medical utilization to support current request. Guidelines states if pain with elevation is significantly limiting activities, a subacromial injection of local anesthetic and a corticosteroid preparation may be indicated after conservative therapy (i.e., strengthening exercises and NSAIDs) for two to three weeks, but the evidence is not yet overwhelming, and the total number of injections should be limited to no more than three. There is recommendation and plan for PT; however, it is unclear if this has been completed or what benefit has been obtained. Although injections into the subacromial space and acromioclavicular joint can be performed in the clinician's office, injections into the glenohumeral joint should only be performed under fluoroscopic guidance. A recent meta-analysis concluded that subacromial corticosteroid injection for rotator cuff disease and intra-articular injection for adhesive capsulitis may be beneficial although their effect may be small and not well maintained. Additionally, for post-traumatic impingement of the shoulder, subacromial injection of methylprednisolone had no beneficial impact on reducing the pain or the duration of immobility. Submitted reports have not specified limitations with activities, functional improvement from previous injection, progressive changed clinical deficits, failed conservative treatment, acute flare-up, red-flag conditions, or new injury to support for this shoulder injection. The steroid injection right shoulder qty:1 is not medically necessary and appropriate.