MAXIMUS Federal Services

Case Number:	CM15-0147525		
Date Assigned:	08/10/2015	Date of Injury:	07/03/2006
Decision Date:	09/04/2015	UR Denial Date:	07/17/2015
Priority:	Standard	Application Received:	07/29/2015

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: Arizona, California
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 64-year-old female who sustained an industrial injury on 7-3-06. Her initial symptoms are not available for review. Her medical record is very extensive. Two work-related injuries were noted. The first occurred in December 2005, in which she sustained a fall, landing on her right elbow. She sustained a right rotator cuff tear, which was repaired in 2008. The second injury occurred on 7-3-06. This injury was also due to a fall, where she landed on her hands and knees. In addition to the 2008 rotator cuff repair, the injured worker has also undergone a discogram in 2008, left carpal tunnel repair in 2009, and a total knee replacement on March 30, 2010. In the Dental Service Qualified Medical Examiner (QME) report dated 2-11-15, the injured worker indicated that she has had knee replacement surgeries on both knees - the left in March 2010 and the right on March 18, 2013. The dental service provider was involved due to persistent grinding of her teeth. She also has an extensive psychiatric history and is being followed by psychiatric services for Depressive Disorder with Anxiety and Panic Attacks and Psychological Factors Affecting Medical Condition. She has been treated with Paxil, Wellbutrin, ProSom, and Risperdal in the past. On the PR-2 dated 7-7-15, the injured worker's complaints were entirely of dental nature. However, the QME report of 6-26-15 addresses many of the injured worker's treatment history, including orthopedic recommendations. According to the medical review, treatment recommendations are as follows: (1) Right knee and back pain - cane, medications, physical therapy, x-rays, duplex ultrasound, home exercise program, ice, elevation, pool therapy, a commode, and continuous passive motion for diagnoses of right knee arthrosis, advanced, status-post patellectomy, and status-post right total knee arthroplasty. (2) Epidural steroid injections L3-5 for diagnosis of lumbar radiculopathy. (3) Low back pain - hot Epsom salt bath, acupuncture, TENS unit, injections, and pain medication. (4) Per occupational

medicine, treatment recommendations include medication, cardiology referral, injections, hand and upper extremity specialist referral, home exercise program, and psychiatric consult for diagnoses of hypertension, asthma, psychiatric disturbance, status-post knee arthroplasty, cervical spine discopathy, and high cholesterol. (5) Physical therapy, including aquatic therapy for advanced right knee arthrosis, status-post right total knee arthroplasty, and bilateral knee and lumbar spine pain. (6) Dental referral and treatment. The request for a right shoulder steroid injection is unclear based on available documentation as this time.

IMR ISSUES, DECISIONS AND RATIONALES

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

Steroid injection for the right shoulder: 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): 213.

Decision rationale: According to the guidelines, injections are recommended for rotator cuff inflammation, impingement or small tears. In this case, the documentation indicates an old injury with rotator cuff tear in 2008 and status post-arthroscopic shoulder surgery. The documentation does not indicate a new or acute injury requiring the injections. The shoulder injection is not justified and not medically necessary.