

Case Number:	CM15-0162733		
Date Assigned:	08/31/2015	Date of Injury:	12/18/2014
Decision Date:	10/05/2015	UR Denial Date:	08/05/2015
Priority:	Standard	Application Received:	08/19/2015

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, District of Columbia, Maryland
 Certification(s)/Specialty: Anesthesiology, Pain Management

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 63 year old male, who sustained an industrial injury on December 18, 2014, incurring right shoulder, right wrist, right ribs and right flank injuries after a fall from a truck. He was diagnosed with a right shoulder sprain, right wrist sprain. Magnetic Resonance Imaging of the right shoulder revealed extensive degenerative changes. Treatment included pain medications, anti-inflammatory drugs, wrist bracing, and cortisone injections in the shoulder, physical therapy and home exercise program and modified activities. Currently, the injured worker complained of persistent pain in the right shoulder, muscle spasms of the spine, neck and back restricting certain activities in her activities of daily living. The treatment plan that was requested for authorization included a retro steroid injection for the right shoulder.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retro Steroid Injection for Right Shoulder: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints
 Page(s): 204.

Decision rationale: Per the ACOEM guidelines with regard to shoulder injection: Invasive techniques have limited proven value. If pain with elevation significantly limits activities, a subacromial injection of local anesthetic and a corticosteroid preparation may be indicated after conservative therapy (i.e., strengthening exercises and non-steroidal anti-inflammatory drugs) for two to three weeks. The evidence supporting such an approach is not overwhelming. The total number of injections should be limited to three per episode, allowing for assessment of benefit between injections. Per the medical records, the injured worker has been treated with pain medications, anti-inflammatory drugs, wrist bracing, physical therapy, home exercise program, modified activities, and cortisone injections in the shoulder. I respectfully disagree with the UR physician, the injured worker has had conservative treatment. The request is medically necessary.