

Case Number:	CM15-0164302		
Date Assigned:	09/01/2015	Date of Injury:	07/19/2013
Decision Date:	10/05/2015	UR Denial Date:	07/23/2015
Priority:	Standard	Application Received:	08/21/2015

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, North Carolina
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 43 year old female who sustained an industrial injury on 7-19-2013. She has reported injury to the right shoulder and had has been diagnosed with ongoing arthrofibrosis, right shoulder. Treatment has included injections, exercise, medical imaging, surgery, and physical therapy. Her range of motion included forward flexion of 120 degrees, abduction 110 degrees, and internal rotation to L5 with the right hand. The treatment plan included a corticosteroid injection. The treatment request included a right shoulder cortisone injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right shoulder cortisone injection: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder Chapter updated 05/04/15.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 204. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder (injection).

Decision rationale: Guidelines state that the criteria for a corticosteroid injection include adhesive capsulitis, impingement syndrome or rotator cuff problems, except for post-traumatic impingement of the shoulder. In addition, pain should interfere with functional activity. In this case, the patient received her first cortisone injection of 5/15/2015 and the second injection on 7/2/2015. It is noted that the patient is progressing in physical therapy. However, the results of the second injection (degree/duration of relief and functional benefit) are not known at the time of the request for a third injection. Results of the second injection should be submitted for review before consideration for a third injection. Therefore, the request is not medically necessary at this time.