

Case Number:	CM15-0166870		
Date Assigned:	09/04/2015	Date of Injury:	03/05/2012
Decision Date:	10/06/2015	UR Denial Date:	08/05/2015
Priority:	Standard	Application Received:	08/25/2015

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: 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 52 year old male who sustained an industrial lifting injury on 03-05-2012. The injured worker was diagnosed with left shoulder rotator cuff tendonitis. The injured worker is status post left wrist carpal tunnel release in 2013. No surgical interventions for the left shoulder were documented. Treatment to date has included diagnostic testing with left shoulder magnetic resonance imaging (MRI) in December 2014, left shoulder arm brace, acupuncture therapy (9 sessions for the left shoulder) and medications. According to the review on June 25, 2015, the injured worker has not had physical therapy or injections for the left shoulder. According to the primary treating physician's progress report on June 25, 2015, the injured worker continues to experience left shoulder pain, numbness and occasional radiation to the left hand rated at 5 out of 10 on the pain scale. Examination demonstrated tenderness to palpation at the acromioclavicular joint, biceps tendon and the paracervical muscles. Range of motion of the left shoulder was documented as flexion at 150 degrees, extension at 40 degrees, abduction at 170 degrees, adduction at 40 degrees, internal rotation at 80 degrees and external rotation at 90 degrees. Muscle strength was intact with positive Speed's, Yergason's and impingement tests. X-rays at the office visit documented mild left shoulder acromioclavicular joint arthritis. Current medication was listed as Ibuprofen. Treatment plan consists of the current request for left shoulder physical therapy times 8 and corticosteroid injection to the left shoulder.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 CSI (corticosteroid injection) for left shoulder: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chapter: Shoulder, Section: Steroid Injections.

Decision rationale: The Official Disability Guidelines have established the following criteria for steroid injections of the shoulder: Diagnosis of adhesive capsulitis, impingement syndrome, or rotator cuff problems, except for post-traumatic impingement of the shoulder; Not controlled adequately by recommended conservative treatments (physical therapy and exercise, NSAIDs or acetaminophen), after at least 3 months; Pain interferes with functional activities (e.g., pain with elevation is significantly limiting work); Intended for short-term control of symptoms to resume conservative medical management; Generally performed without fluoroscopic or ultrasound guidance; Only one injection should be scheduled to start, rather than a series of three; A second injection is not recommended if the first has resulted in complete resolution of symptoms, or if there has been no response; With several weeks of temporary, partial resolution of symptoms, and then worsening pain and function, a repeat steroid injection may be an option; The number of injections should be limited to three. In this case, the records indicate that the patient has not yet engaged in a physical therapy program. Therefore, the patient has not met the second criteria to support the need for a corticosteroid injection; specifically, that there has been an adequate trial of conservative management to include physical therapy. For this reason, 1 corticosteroid injection for the left shoulder is not medically necessary at this time.