

Case Number:	CM15-0189554		
Date Assigned:	10/01/2015	Date of Injury:	10/24/2012
Decision Date:	11/12/2015	UR Denial Date:	09/08/2015
Priority:	Standard	Application Received:	09/25/2015

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: Texas, 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:

This is a 63 year old female patient with an injury date of 10-24-12. The diagnoses include cervical and lumbar myofascial sprain, right elbow lateral epicondylitis, bilateral carpal tunnel syndrome status post bilateral carpal tunnel release and impingement syndrome of the right shoulder. Per the progress report dated 6-25-15 she had complaints of constant bilateral shoulder pain, right greater than the left at 8 out of 10; bilateral wrist pain, lower back pain. The physical examination revealed the right shoulder- non specific tenderness, moderate tenderness at the acromioclavicular joint, anterior labrum, supraspinatus, bicipital group, acromion and upper trapezius, limited range of motion, positive Impingement maneuver, Codman drop arm test and Apley's scratch test; tenderness over the right elbow and bilateral wrists. The medications list includes ibuprofen and topical compound creams. According to AME report dated 7-13-15, she had had an MRI of right shoulder dated 12-5-12 which revealed hypertrophy and degeneration of the acromioclavicular joint and a signal change of the distal supraspinatus tendon consistent with tendinosis and no frank tear. Surgery was not recommended and if she had a flare up of right shoulder pain she may require anti-inflammatory medications, cortisone injections and possible arthroscopic surgery. She has undergone left carpal tunnel release on 5/30/2013; right carpal tunnel release. She has had acupuncture visits, rest and activity modification. Request for authorization was made for cortisone injection right shoulder. Utilization review dated 9-8-15 non-certified the request.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cortisone injection to the right shoulder: Overturned

Claims Administrator guideline: Decision based on MTUS Shoulder Complaints 2004.

MAXIMUS guideline: Decision based on MTUS Shoulder Complaints 2004, Section(s): Initial Care. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chapter: Shoulder (updated 10/26/15) Steroid injections.

Decision rationale: As per the ACOEM guidelines, "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." Per the cited guidelines, a cortisone injection is given after a trial of conservative therapy. In addition per the ODG, "Criteria for Steroid injections: 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....." Per the records provided the patient has diagnosis of right shoulder impingement syndrome. The patient had chronic right shoulder pain and physical examination revealed non-specific tenderness, moderate tenderness at the acromioclavicular joint, anterior labrum, supraspinatus, bicipital group, acromion and upper trapezius, limited range of motion, positive Impingement maneuver, Codman drop arm test and Apley's scratch test. The patient has tried conservative therapy including medications and acupuncture visits. The request of Cortisone injection to the right shoulder is medically appropriate and necessary for this patient.