

Case Number:	CM15-0194744		
Date Assigned:	10/08/2015	Date of Injury:	12/01/2002
Decision Date:	12/03/2015	UR Denial Date:	09/22/2015
Priority:	Standard	Application Received:	10/05/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, 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:

This is a 61-year-old male with a date of industrial injury 12-1-2002. The medical records indicated the injured worker (IW) was treated for shoulder pain, elbow pain; ulnar neuropathy; lateral epicondylitis; and pain in limb. In the progress notes (7-9-15, 8-20-15), the IW reported his upper extremity pain was 4 to 5 out of 10 with medications and 7 to 8 out of 10 without them. He denied new problems or side effects and his activity level remained the same. On examination (8-20-15 notes), bilateral shoulder ranges of motion were restricted due to pain. Hawkins' and Neer's tests were positive bilaterally. There was tenderness about the bilateral shoulders. Shoulder abduction strength was 4- out of 5 on the right. Treatments included medications: Cymbalta, Ambien CR, Motrin, Nexium, Tramadol, Voltaren gel and Lyrica; and acupuncture (with great benefit). The IW was 'permanent and stationary'. The IW's right shoulder pain levels and activity levels had remained the same over the course of two to three months without subjective complaints of a flare-up or new issues. A Request for Authorization was received for one cortisone injection of the right shoulder as an outpatient. The Utilization Review on 9-22-15 non-certified the request for one cortisone injection of the right shoulder as an outpatient.

IMR ISSUES, DECISIONS AND RATIONALES

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

One Cortisone injection of the right shoulder as an outpatient: Upheld

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

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

Decision rationale: The claimant has a remote history of a work injury occurring in December 2002 and continues to be treated for bilateral upper extremity pain. In March 2015 he was having left shoulder and right elbow pain. In July 2015 he had bilateral upper extremity pain. He denied new injury. Vital signs were recorded. There was right shoulder weakness and positive impingement testing. He was referred for physical therapy to focus on the left upper extremity and a right shoulder cortisone injection was requested. When seen in August 2015 he had pain rated at 4/10 with medications. Physical examination findings included decreased and painful right shoulder range of motion with positive impingement and shoulder cross over testing. Lift off and drop arm tests were positive. There was acromioclavicular joint, glenohumeral joint, and subdeltoid bursa tenderness. Strength testing was limited by pain. A right shoulder injection was requested. A shoulder steroid injection is recommended as an option when shoulder pain is not controlled adequately by recommended conservative treatments including physical therapy, exercise, and medications after at least 3 months. In this case, the claimant had right shoulder pain beginning sometime between March and July 2015. The documentation indicates that he was referred in July 2015 for physical therapy to focus on the left upper extremity. His response to conservative treatments for the right shoulder is not documented. The requested injection cannot be accepted as being medically necessary.