

Case Number:	CM15-0196033		
Date Assigned:	10/09/2015	Date of Injury:	08/14/2003
Decision Date:	11/24/2015	UR Denial Date:	09/03/2015
Priority:	Standard	Application Received:	10/06/2015

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

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 54 year old male, who sustained an industrial injury on 8-14-2003. He reported injuries to the left shoulder, head, neck, and low back from a fall. Diagnoses include shoulder region disease and left rotator cuff syndrome. Treatments to date include activity modification, physical therapy, acupuncture treatments. On 8-25-15, he complained of increased pain in the left shoulder and ongoing low back pain. The physical examination documented decreased left shoulder range of motion and tenderness over the left subacromial area. The plan of care included a left shoulder steroid injection. The appeal requested authorization for a left shoulder cortisone injection. The Utilization Review dated 9-3-15, denied this request.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left shoulder cortisone injection x 1: Upheld

Claims Administrator guideline: Decision based on MTUS Shoulder Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder - Steroid injections.

MAXIMUS guideline: Decision based on MTUS Shoulder Complaints 2004, Section(s): Initial Care.

Decision rationale: ACOEM states that invasive techniques for the shoulder have "limited proven value." This conclusion would particularly apply to an injury such as this which is more than 12 years old. If the patient is felt to have suffered a change in his clinical condition on or about 8/25/15, then the records do not clearly document an initial trial of conservative care prior to requesting a cortisone injection. In either situation the treatment guidelines do not support this request; the request is not medically necessary.