

Case Number:	CM15-0205548		
Date Assigned:	10/22/2015	Date of Injury:	02/03/2015
Decision Date:	12/03/2015	UR Denial Date:	09/21/2015
Priority:	Standard	Application Received:	10/20/2015

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: New Jersey

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 41 year old female, who sustained an industrial injury on 02-03-2015. A review of the medical records indicates that the injured worker (IW) is undergoing treatment for right shoulder pain, right elbow pain, and possible cervical radiculopathy. Medical records (05-21-2015 to 09-15-2015) indicate ongoing and continued shooting right shoulder pain and right elbow pain. Pain levels were rated 4-8 out of 10 in severity on a visual analog scale (VAS). Records also indicate no change changes in activity levels or level of functioning. Per the treating physician's progress report (PR), the IW has not returned to work. The physical exam, dated 09- 15-2015, revealed improved range of motion (ROM) in the right shoulder, a mildly positive impingement test, painful passive and active ROM in the right shoulder, localized tenderness at the left elbow, and paravertebral muscle spasms with localized tenderness were present in the lower cervical and right supraclavicular region. This PR also stated that the IW reported some pain relief after the right shoulder injection, but continued to have constant right shoulder pain shooting down the right upper extremity with tingling, numbness and paresthesia. Relevant treatments have included: right shoulder injection with reported 70% pain relief, work restrictions, and pain medications. The request for authorization (09-17-2015) shows that the following procedure was requested: 2nd right shoulder intra-articular injection. The original utilization review (09-21-2015) non-certified the request for 2nd right shoulder intra-articular injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

2nd Right shoulder intraarticular injection: Overturned

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

MAXIMUS guideline: Decision based on MTUS Shoulder Complaints 2004, Section(s): Summary. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder section, Steroid injections.

Decision rationale: The MTUS ACOEM Guidelines state that shoulder corticosteroid injections are recommended as part of a treatment plan for rotator cuff inflammation, impingement syndrome, or small rotator cuff tears. The MTUS suggests up to 2-3 injections maximum over an extended period of time, and does not recommended prolonged or frequent injections beyond this number. The ODG states that the criteria for considering corticosteroid injections include: 1. Diagnosis of adhesive capsulitis, impingement syndrome, or rotator cuff problems, except for post-traumatic impingement, 2. And not controlled adequately by conservative treatments (physical therapy/exercise, NSAIDs, or acetaminophen) after at least 3 months, 3. Pain interferes with functional activities, 4. Intended for short-term control of symptoms to resume conservative medical management, 5. To be performed without fluoroscopic or ultrasound guidance, 6. Only one injection should be scheduled to start (rather than 3), 7. A second injection is not recommended if the first has resulted in complete resolution of symptoms or if there was no response to the first, 8. With several weeks of temporary, partial resolution of symptoms, and then worsening pain and function, a repeat steroid injection may be an option (limited up to three total per joint). In the case of this worker, she has failed conservative therapy alone (medications and home exercises/stretching) and recent nerve testing was normal of the right arm, suggesting primarily right rotator cuff syndrome and right elbow epicondylitis. Since she had benefited from previous injection of the right shoulder (70% reduction in pain) it is reasonable and medically necessary to approve a second injection as long as she follows through with continued home exercises/stretching as was planned and recommended by the provider for her to do.