

Case Number:	CM15-0021415		
Date Assigned:	02/10/2015	Date of Injury:	09/02/2013
Decision Date:	03/30/2015	UR Denial Date:	02/02/2015
Priority:	Standard	Application Received:	02/04/2015

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, Indiana, New York
Certification(s)/Specialty: Internal Medicine

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 female, who sustained an industrial injury on 9/2/2013. The current diagnosis is right shoulder rotator cuff injury. Currently, the injured worker complains of right shoulder pain. Physical examination of the right shoulder reveals tenderness over the acromioclavicular joint with pain radiating all the way down into her hand. Additionally, she reports painful range of motion, numbness, and tingling. Current medications are Tylenol #3 and Meloxicam. Treatment to date has included medications and acupuncture. The treating physician is requesting right shoulder cortisone injection, which is now under review. On 2/2/2015, Utilization Review had non-certified a request for right shoulder cortisone injection. The California MTUS ACOEM and Official Disability Guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right shoulder cortisone injection: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines, (web), Steroid Injections Shoulder-Impingement syndrome

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Shoulder section, Cortisone injections

Decision rationale: Pursuant to the Official Disability Guidelines, right shoulder cortisone injection is not medically necessary. Steroid injections are recommended up to three injections. The criteria for steroid injections include a diagnosis of adhesive capsulitis, impingement syndrome or rotator cuff problems, except for posttraumatic impingement of the shoulder; not controlled adequately by recommended conservative treatments (physical therapy and exercise, nonsteroidal anti-inflammatory drugs or acetaminophen, after at least three months; pain interferes with activities; intended for short-term control of symptoms to resume conservative medical management; a second injection is not recommended if the first has resulted in complete resolution of symptoms, or if there has been no response; the number of injections should be limited to three; etc. See the guidelines for additional details. In this case, the injured worker's working diagnoses are cervical brachial syndrome; cervical disc disease; rotator cuff tendinosis; and possible SLAP lesion. The documentation shows the injured worker received prior cortisone injections to the shoulder. One cortisone injection was given July 24, 2014 with 20% improvement. A second cortisone injection was given September 17, 2014 with "some improvement." The treating orthopedist on December 18, 2014 stated in his progress note that prior cortisone injections to the shoulder had failed and a repeat injection was going to be performed under ultrasound guidance. The injured worker received at least three cortisone injections to date. There is no evidence the cortisone injections resulted in improvement. Consequently, absent clinical documentation with objective functional improvement from prior cortisone injections, a right shoulder cortisone injection is not medically necessary.