

Case Number:	CM15-0027526		
Date Assigned:	02/19/2015	Date of Injury:	05/14/2014
Decision Date:	04/08/2015	UR Denial Date:	02/05/2015
Priority:	Standard	Application Received:	02/13/2015

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
 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 71-year-old male with an industrial injury dated 05/14/2014 resulting from cumulative trauma. His diagnoses include osteoarthritis and degenerative joint disease of the right knee. Recent diagnostic testing has included x-rays of the right knee (no date) showing moderate joint space narrowing, severe joint space narrowing, marginal bone spur, subchondral cyst formation and osteophyte formation. Previous treatments have included conservative care, medications, left knee surgery, and steroid injections to the right knee. In a progress note dated 01/30/2015, the treating physician reports worsening right knee pain described as moderate to severe with activities of daily living. The objective examination revealed an antalgic gait, pain and tenderness to the medial, patella, medial joint line, lateral joint line, and patellar tendon, limited range of motion of the right knee, and patellofemoral crepitus and patella grind were positive. There were no subjective or objective findings of the left shoulder. The treating physician is requesting cortisone injection for the left shoulder which was denied by the utilization review. On 02/05/2015, Utilization Review non-certified a request for cortisone injection for the left shoulder, noting that there is no indication of any osteoarthritic condition of the left shoulder which is the recommended condition by the ACOEM. On 02/13/2015, the injured worker submitted an application for IMR for review of physical therapy (2x4) for the left shoulder, and a cortisone injection for the left shoulder. According to the UR report, the request for physical therapy (2x4) for the left shoulder was approved/certified; therefore, these issues are not eligible for the IMR and will not be considered.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cortisone injection for left shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Intra-articular glucocorticosteroid injections.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disability guidelines Shoulder Chapter, Steroid injections.

Decision rationale: Per the 01/27/15 report the patient presents with right knee pain. The current request is for CORTISONE INJECTION FOR LEFT SHOULDER. The RFA is not included. The 02/05/15 utilization review states the RFA is dated 01/28/15. The 10/20/14 report states the patient has had injuries to the shoulder, hands and finger. ODG, Shoulder Chapter, Steroid injections, states up to three injections are indicated for a diagnosis of adhesive capsulitis, impingement syndrome, or rotator cuff problems. Two medical reports are provided for review. No clinical information or diagnosis regarding the shoulder is provided. There is no evidence that steroid injection for the shoulder is indicated. The request IS NOT medically necessary.