

Case Number:	CM15-0210141		
Date Assigned:	10/29/2015	Date of Injury:	11/18/1999
Decision Date:	12/10/2015	UR Denial Date:	10/19/2015
Priority:	Standard	Application Received:	10/26/2015

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: Washington, California

Certification(s)/Specialty: Preventive Medicine, Occupational 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 51 year old male who sustained an industrial injury on 11-18-99. A review of the medical records indicates that the worker is undergoing treatment for cervical radiculopathy, lumbar facet syndrome-spondylosis, shoulder joint pain, hypertension, obesity, and is status post right shoulder surgery(two surgeries - dates not given but the last surgery was in 2013 and a third surgery was recommended in January 2015). Xray right shoulder (8-15-13) showed mild acromioclavicular (AC) joint arthrosis and MRI right shoulder (8-2014) showed post operative changes to rotator cuff, moderate AC joint degenerative changes and full thickness re-tear of the supraspinatus and anterior infraspinatus tendons. Previous treatment included surgery, cervical epidural steroid injection (9-17-15) C7-T1 with reported 75% pain relief, Percocet, and Cyclobenzaprine. Subjective complaints on 9-22-15 included neck pain with radiation to bilateral shoulders, upper extremities, thoracic back and low back. Pain was rated at 4 out of 10 at best, 9 out of 10 at worst, 7 out of 10 on average, and the pain was reported to impair chores, exercise, recreation and hobbies. Objective findings included cervical spine tenderness with palpation, cervical paravertebral muscle spasm, pain with cervical extension-facet loading, decreased range of motion right shoulder, and tenderness to palpation over the anterior and posterior aspect of the right shoulder. A request for authorization is dated 9-23-15. The requested treatment of a 1 right shoulder injection was non-certified on 10-19-15.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right shoulder injection, quantity: 1: Upheld

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

MAXIMUS guideline: Decision based on MTUS General Approaches 2004, Section(s): Initial Approaches to Treatment, and Shoulder Complaints 2004, Section(s): Initial Care, Summary. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder (Acute & Chronic)/Steroid injections.

Decision rationale: Injections into joints or soft tissue are a common option in treatment of tendon and joint inflammation. When used to treat shoulder tendonitis and/or bursitis research has shown injection of steroids with or without anesthetics to be effective in the short-term at controlling pain. ACOEM guidelines and the Official Disability Guidelines (ODG) recommend up to three such injections and that the injections be coupled with physical therapy. This patient has MRI-documented tear of the supraspinatus and infraspinatus tendons of the right shoulder. Surgery has been recommended. The records do not document that the patient has undergone nor has been requested to begin physical therapy for the right shoulder injuries. In the specific medical record documentation that requests the injection there is no documentation of specific tendon inflammation or bursal inflammation, nor is there any documentation of the location for the proposed injection other than "the right shoulder". This is inadequate for making a therapeutic decision. Medical necessity has not been established. The request is not medically necessary.