

Case Number:	CM15-0214403		
Date Assigned:	11/04/2015	Date of Injury:	09/09/2013
Decision Date:	12/15/2015	UR Denial Date:	10/07/2015
Priority:	Standard	Application Received:	10/30/2015

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: North Carolina, Georgia
 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:

This is a year 43 old male with a date of injury on 9-9-13. A review of the medical records indicates that the injured worker is undergoing treatment for right shoulder pain. Progress report dated 9-18-15 reports continued complaints of constant pain, rated 6 out of 10. The pain radiates to the arm up the last 3 digits. He reports pain medications provide 50 percent relief in pain. Physical exam: right upper extremity range of motion is limited in all planes due to pain, tenderness throughout the right shoulder and mildly positive impingement test of the right shoulder. MRI of right shoulder showed sub-cortical cystic changes in the greater tuberosity, AC joint arthropathy with inferiorly small projecting osteophytes that could predispose impingement. Treatments include: medications, physical therapy and cortisone injections. Request for authorization was made for Right shoulder joint cortisone injection x 1. Utilization review dated 10-7-15 non-certified the request.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right shoulder joint cortisone injection x 1: Overturned

Claims Administrator guideline: Decision based on MTUS Shoulder Complaints 2004.
 Decision based on Non-MTUS Citation Official Disability Guidelines, Shoulder.

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

Decision rationale: ACOEM describes indications for steroid injection of shoulder in the chapter on shoulder complaints. Steroid injections are recommended after a 4-6 week period of conservative therapy if symptoms of impingement syndrome persist. In this case, the medical record well documents persistence of symptoms of that persists in spite of conservative therapies and steroid injection of shoulder joint is medically necessary.