MAXIMUS Federal Services

Case Number:	CM15-0220473		
Date Assigned:	11/13/2015	Date of Injury:	12/16/2014
Decision Date:	12/24/2015	UR Denial Date:	10/15/2015
Priority:	Standard	Application Received:	11/09/2015

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, Oregon, Washington
Certification(s)/Specialty: Orthopedic Surgery

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 injured worker is a 44 year old male, who sustained an industrial injury on 12-16-2014. The injured worker was diagnosed as having impingement syndrome bilateral shoulder and partial rotator cuff tears bilateral shoulders. On medical records dated 08-24-2015 and 10-05-2015, the subjective complaints were noted as pain in right shoulder. Objective findings were noted as right shoulder revealed tenderness to palpation over the upper trapezius and pain was rated 8 out of 10 about the right shoulder - supraspinatus and upper trapezius, positive impingement and Hawkins-Kennedy test was noted. Treatment to date included physical therapy and previous cortisone injection therapy. The injured worker was noted to be temporarily totally disabled. Current medications were not listed on 10-05-2015. The Utilization Review (UR) was dated 10-15-2015. A Request for Authorization was dated 10-07-2015. The UR submitted for this medical review indicated that the request for Cortisone injection to the right shoulder x 3 was non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cortisone injection to the right shoulder x 3: Upheld

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

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

Decision rationale: According to CA MTUS/ACOEM guidelines 2nd edition, Chapter 9, Shoulder complaints, page 204, Initial care, subacromial injection may be indicated for a diagnosis of impingement syndrome after conservative therapy for two to three weeks. In this case the exam note from 10/5/15 does not indicate if conservative care has been attempted and failed. Therefore the guideline has not been satisfied and determination is for non-certification. Per ODG, Shoulder / Steroid injections: "Criteria for Steroid injections: Diagnosis of adhesive capsulitis, impingement syndrome, or rotator cuff problems, except for post-traumatic impingement of the shoulder; Not controlled adequately by recommended conservative treatments (physical therapy and exercise, NSAIDs or acetaminophen), after at least 3 months; Pain interferes with functional activities (e.g., pain with elevation is significantly limiting work); Intended for short-term control of symptoms to resume conservative medical management; Generally performed without fluoroscopic or ultrasound guidance; Only one injection should be scheduled to start, rather than a series of three; A second injection is not recommended if the first has resulted in complete resolution of symptoms, or if there has been no response; With several weeks of temporary, partial resolution of symptoms, and then worsening pain and function, a repeat steroid injection may be an option;- The number of injections should be limited to three." In this case the proposed injections are to be a series of 3 injections. The ODG guidelines specifically state that "one injection should be scheduled to start, rather than a series of three." Thus this patient does not meet ODG guidelines and the recommendation is not medically necessary.