

Case Number:	CM15-0031403		
Date Assigned:	02/24/2015	Date of Injury:	07/09/2013
Decision Date:	04/03/2015	UR Denial Date:	02/11/2015
Priority:	Standard	Application Received:	02/19/2015

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: Arizona, California

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:

The injured worker is a 34 year old female with an industrial injury dated July 9, 2013. The injured worker diagnoses include right shoulder pain, cervical spondylosis without myelopathy, neck pain, syndrome cervicobrachial, and syndrome cervicocranial. She has been treated with diagnostic studies, radiographic imaging, prescribed medications, functional restoration program and periodic follow up visits. An MRI in 2013 of the right shoulder showed a tear of the supraspinatus and infraspinatus. According to the progress note dated 1/27/2015, the treating physician noted tenderness to palpitation over the right anterior shoulder and right acromion. Documentation also noted mild right axillary tenderness and difficulty raising right arm above shoulder height. The treating physician prescribed services for a right shoulder cortisone injection. Utilization Review determination on February 11, 2015 denied the request for right shoulder cortisone injection, citing MTUS, ACOEM Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right shoulder cortisone injection: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints
Page(s): 213.

Decision rationale: According to the guidelines, 2-3 shoulder injections are recommended for rotator cuff inflammation, shoulder impingement or smaller tears. The claimant had persistent shoulder pain and did not have full range of motion of the shoulder. No prior injections were noted. The request for a shoulder injection is appropriate and medically necessary for therapeutic and diagnostic purposes.