

Case Number:	CM15-0036890		
Date Assigned:	03/05/2015	Date of Injury:	06/01/2014
Decision Date:	04/14/2015	UR Denial Date:	02/16/2015
Priority:	Standard	Application Received:	02/27/2015

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: New York, West Virginia, Pennsylvania
 Certification(s)/Specialty: Emergency 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 56-year-old male, with a reported date of injury of 06/10/2014. The diagnoses include right shoulder strain/sprain with rotator cuff tendinitis, right shoulder acromioclavicular degenerative joint disease, and right shoulder rotator cuff tendinosis/impingement syndrome. Treatments have included an x-rays of the right shoulder, an MRI of the right shoulder, an MRI of the right upper extremity joint on 11/04/2014, and physical therapy. The progress report dated 01/05/2015 was handwritten and somewhat illegible. The report indicates that the injured worker still had pain and numbness of the right shoulder with occasional popping with motion. The objective findings included normal alignment, and full motion with pain. The treating physician requested methylprednisolone injection, mepivacaine, hydrochloride injection, and steroid injection. The rationale for the request was not indicated.

IMR ISSUES, DECISIONS AND RATIONALES

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

Methylprednisolone injection: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: Guidelines state invasive techniques have limited proven value, but may be indicated if conservative therapy has failed. In this case, there is no specific failed conservative treatment nor evidence of significant functional limitation noted to meet criteria for corticosteroid injection. Thus, the request for corticosteroid injection is not medically appropriate and necessary.

Mepivacaine: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints
Page(s): 201-205.

Decision rationale: Guidelines state invasive techniques have limited proven value, but an injection with local anesthetic such as mepivacaine along with a corticosteroid, may be indicated if conservative therapy has failed. In this case, there is no specific failed conservative treatment nor evidence of significant functional limitation noted to meet criteria for mepivacaine injection. Thus, the request for mepivacaine injection is not medically appropriate and necessary.

Hydrochloride injection: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints
Page(s): 201-205.

Decision rationale: Guidelines state invasive techniques have limited proven value, but may be indicated if conservative therapy has failed. In this case, there is no specific failed conservative treatment nor evidence of significant functional limitation noted to meet criteria for mepivacaine hydrochloride injection which may be given with a corticosteroid. Thus, the request for hydrochloride (component with mepivacaine) injection is not medically appropriate and necessary.

Steroid injection: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints
Page(s): 201.

Decision rationale: Guidelines state invasive techniques have limited proven value, but a local anesthetic and corticosteroid injection may be indicated if conservative therapy has failed. In this case, there is no specific failed conservative treatment nor evidence of significant functional limitation noted to meet criteria for steroid injection. Thus, the request for steroid injection is not medically appropriate and necessary.