

Case Number:	CM15-0038694		
Date Assigned:	03/09/2015	Date of Injury:	06/10/2014
Decision Date:	04/14/2015	UR Denial Date:	02/16/2015
Priority:	Standard	Application Received:	03/02/2015

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 Jersey, Michigan, California
 Certification(s)/Specialty: Neurology, Neuromuscular 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, who sustained an industrial injury on 8/10/2014. The diagnoses have included right shoulder tendinitis and osteoarthritis. Treatment to date has included injections, medications and modified activity. Currently, the IW complains of pain and a loss of strength. Objective findings included full motion with slight pain at extremes, positive Neer's and supraspinatus testing and full range of motion of the elbow. On 2/16/2015, Utilization Review non-certified a request for Methylprednisolone injection, Mepivacaine, Hydrochloride injection and steroid injection noting that the clinical information submitted for review fails to meet the evidence based guidelines for the requested service, including lack of documented conservative measures prior to the request. The MTUS ACOEM Guidelines and ODG cited. On 3/02/2015, the injured worker submitted an application for IMR for review of Methylprednisolone injection, Mepivacaine, Hydrochloride injection and steroid injection.

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: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Steroid injection <http://www.odg-twc.com/index.html>.

Decision rationale: According to ODG guidelines, shoulder injection is recommended: 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 (eg, 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. There is no recent documentation of failure of conservative therapies including medication and physical therapy. There is documentation of improvement of shoulder range of motion with current medications. Therefore the request for Methylprednisolone injection is not medically necessary.

Mepivacaine: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Steroid injection <http://www.odg-twc.com/index.html>.

Decision rationale: According to ODG guidelines, shoulder injection is recommended: 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 (eg, 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. There is no recent documentation of failure of conservative therapies including medication and physical therapy. There is documentation of improvement of shoulder range of motion with current medications. Therefore the request for Mepivacaine is not medically necessary.

Hydrochloride injection: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Steroid injection [shttp://www.odg-twc.com/index.html](http://www.odg-twc.com/index.html).

Decision rationale: According to ODG guidelines, shoulder injection is recommended: 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 (eg, 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. There is no recent documentation of failure of conservative therapies including medication and physical therapy. There is documentation of improvement of shoulder range of motion with current medications. Therefore the request for Hydrochloride injection is not medically necessary.

Steroid injection: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Shoulder Chapter, Steroid Injections.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Steroid injection [shttp://www.odg-twc.com/index.html](http://www.odg-twc.com/index.html).

Decision rationale: According to ODG guidelines, shoulder injection is recommended: 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 (eg, 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. There is no recent documentation of failure of conservative therapies including medication and physical therapy. There is documentation of improvement of shoulder range of motion with current medications. Therefore the request for Steroid injection is not medically necessary.

